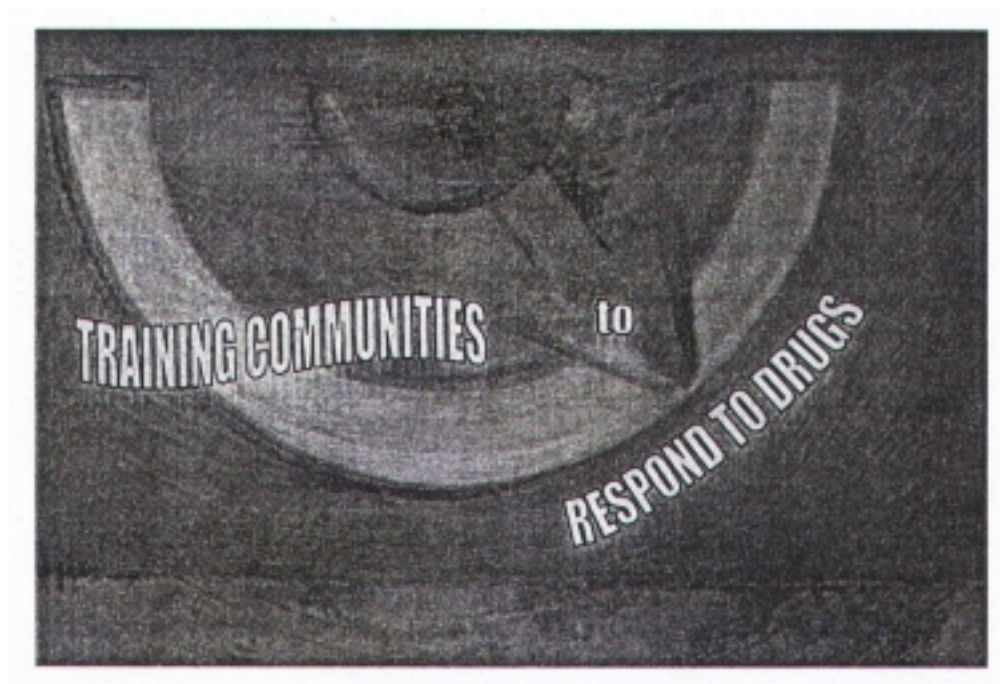


The Merchant's Quay Project



by Gemma Cox & Marie Lawless

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TRAINING COMMUNITIES TO RESPOND TO DRUGS

Evaluation of a Drugs Awareness Training Programme A Pilot Study

by

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**The Merchant's Quay Project
Supported by Combat Poverty Agency**

The views expressed in this publication are those of the authors and do not necessarily represent the views of the Combat Poverty Agency

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TABLE OF CONTENTS

<i>List Of Figures</i>	iii
<i>List Of Tables</i>	iii
Acknowledgments	iv
Foreword	v
Executive Summary	vii
Chapter One: Background to Study Communities Responding to Drug Use	
1.1 Introduction	1
1.2 Community Action	2
1.2.1 Community Action Against Drugs	3
1.3 Training Communities to Respond	5
1.3.1 Drugs Awareness Training Programme	5
1.4 Pilot Study	6
1.5 Structure of the Report	7
Chapter Two: Drug Awareness Training Programme Developing A Model	
2.1 Introduction	8
2.2 Needs of Participants	8
2.3 Aims and Objectives of Training Programme	11
2.4 Course Content	12
2.5 Training Approach	15
2.6 Conclusion	15
Chapter Three: Research Methodology Designing a Pilot Study	
3.1 Introduction	17
3.2 Research Method	17
3.3 Research Instruments	19
3.3.1 Baseline Data	19
3.3.2 Outcome Data	21
3.3.3 Attitudinal Questionnaire	21
3.3.4 Follow-Up Questionnaire	23
3.4 Conclusion	24

Chapter Four	Results	
	Findings of Pilot Study	
4.1	Introduction	25
4.2	Participant Profile	25
4.2.1	Gender	25
4.2.2	Age	26
4.2.3	Area of Residence	26
4.2.4	Previous Training	27
4.2.5	Level of Involvement with Drug Users	27
4.2.6	Perceptions of Drug Problem	29
4.2.7	Consequences of Drug Problem	30
4.2.8	Perceptions of Community Response	32
4.2.9	Desired Community Response	35
4.3	Course Content	36
4.4	Effectiveness of Drugs Awareness Training Programme	38
4.4.1	Knowledge	38
4.4.2	Skills	41
4.4.3	Attitudes	45
4.5	Three Month Follow-Up	51
4.6	Conclusion	53
Chapter Five	Conclusion	
	Effectiveness and Policy Implications	
5.1	Conclusion	54
5.2	Implications of Study	55
5.3	Recommendations	57
Bibliography		59

Figures

4.1	Gender of Participants	25
4.2	Age of Participants	26
4.3	Course Rating	37
4.4	Participant Satisfaction with Course: Knowledge	39
4.5	Participant Satisfaction with Course: Skills	42
4.6	Changes in Participants' Attitudes Across Individuals	48
4.7	Changes in Participants' Attitudes Across Statements	49

Tables

2.1	Objectives of Drug Awareness Training Programme	12
4.1	Participants' Postal Code	26
4.2	Participants' Involvement with Drug Users/ Homeless Persons	28
4.3	Represented Organisations	28
4.4	Participants' Awareness of Drug Related Activity in their Locality	30
4.5	Participants' Satisfaction with Knowledge Gained	39
4.6	Drug Workers & Non- Drug Workers Rating of Knowledge Gained	40
4.7	Participants' Satisfaction with Skills Gained	42
4.8	Drug Workers' & Non Dug -Workers' Rating of Attitude Gained	43
4.9	Participants' Satisfaction with Attitudes Change	45
4.10	Drug Workers' & Non Drug- Workers' Change in Attitude	46

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FOREWORD

The Merchant's Quay Project was established in 1989 by the Franciscan Community in response to an increase in the number of drug users seeking help within the locality. Since its inception, the Merchant's Quay Project has striven to be an organization that provides creative and innovative responses to the drug problem in Ireland. As a voluntary organization the Project is receptive to the needs of its service users and has the flexibility to respond appropriately. The Merchant's Quay Project promotes the pragmatic "harm minimisation" approach towards drug use as well as a more traditional drug free approach. Harm minimisation aims at achieving intermediate goals other than abstinence, such as safer drug use and avoiding health risks, through a range of low threshold, outreach and crisis intervention services.

On a broader level the Merchant's Quay Project advocates an inclusive drug policy at a local and national level, thereby playing a role in influencing and shaping the direction of responses to the drug issue in Ireland. To this end, the Training Office was established to meet the training needs, not only of Project workers but to also provide a training service to other agencies and community members.

The Merchant's Quay Project recognises that the local communities in Dublin's inner city are acutely aware of the heroin and HIV related problems that are facing individuals, families, and the community at large. However, there is still a proportion of the local communities for whom the increased profile of drug use and HIV over the past few years has lead to a greater fear and distrust of those affected, and of those who are attempting to provide services. Such distrust has lead communities to support policies and actions aimed at excluding drug users from housing and other services in their areas. Together with members of local communities, the Merchant's Quay Project identified the need for a Drugs Awareness Programme to help local groups to develop a policy dimension to the drug problem at a local level. The aim of the Drug Awareness Training Programme was two fold. Firstly to equip members of local community groups to be a resource for information concerning drug use, and related issues, for others within communities. Secondly, to equip community members in facilitating the development of appropriate strategies and policies in response to the drugs crisis.

The Combat Poverty Agency is committed to contributing to, and complementing current efforts, at both local and national levels, to address the drugs issue. In particular, the Agency is concerned with examining the links between poverty and drug use, and supporting local groups who are tackling the issue of drugs in their area through community development approaches. The Merchant's Quay Project and the Franciscan Social Justice Initiatives are jointly engaged in a project focusing on **"Poverty, Drug Use and Policy"** supported by the Combat Poverty Agency. There are three aspects to this project;

1. To investigate the relationship between homelessness and drug use and to explore the policy implications of community action against drugs viz. homelessness.
2. To provide community leaders and activists with drugs awareness training to enable them to participate in policy development at local level.
3. To inform local and national decision makers about the relationship between drugs and homelessness and its implications for policy.

This report is concerned with the second of these, the provision of a Drugs Awareness Training Programme. The Training Officer at the Merchant's Quay Project in conjunction with interested community members devised a 10-week training programme for delivery to community activists- The Research Office designed the necessary evaluation tools to examine the effectiveness of the Training Programme in reaching its objectives. As the Merchant's Quay Project had not previously undertaken such training with community activists, it was decided to pilot the research instruments on this first Drugs Awareness Training Programme. This Report is concerned with the development of the training model, the design and the implementation of the pilot study. The results of the pilot study are presented and the policy implications are discussed.

EXECUTIVE SUMMARY

INTRODUCTION

The Merchant's Quay Project devised a ten week Drugs Awareness Training Programme. The Training Programme was available to all interested community members, particularly those from areas disproportionately effected by the "drugs problem". As the Merchant's Quay Project is committed to providing a high quality service to all its service users, an evaluation component was seen as an integral part of the Drugs Awareness Training Programme. By providing such training programmes, the Merchant's Quay Project has the ability to assist community groups to win some control over their lives, and to contribute positively to social change within their locality. At its most basic level, the provision of training enables community members to participate in the politicising process of decision making at a local level. This report presents the findings of the evaluative research.

RESEARCH AIMS

The aims of this research study is threefold;

- 1) To evaluate the effectiveness of the Drugs Awareness Training Programme in achieving its objectives;
 - increasing participants knowledge of drug issues
 - improving participants skills
 - changing participants attitudes
- 2) To determine the effectiveness of the Drugs Awareness Training Programme in attracting community members who had not previously accessed such Training Programmes;
- 3) To determine the effectiveness of the research instruments employed in evaluating the Drugs Awareness Training Programme.

RESEARCH METHOD

The study utilised four research instruments.

- A Baseline Questionnaire completed by the 31 participants at the outset of the Training Programme.
- An Outcome Questionnaire completed at the end of the Training Programme by all participants.
- An Attitudinal Survey completed by all participants at the beginning and end of the Training Programme.
- A Follow-Up Questionnaire completed three months after completion of the Training Programme.

RESEARCH FINDINGS

Participant Profile

The research revealed that the Drug Awareness Training Programme was successful in reaching its target population of community activists from areas disproportionately effected by the drug problem. It was also successful in attracting a significant proportion of individuals who had not previously been involved in training programmes.

Demographics

- 94% of the participants were female;
- 42% of the participants were over the age of 30;
- 51% of the participants were from inner city areas;
- 43% of participants left school before completing the Leaving Certificate, 13% of whom left before the legal school leaving age;
- 32% of the participants had not previously accessed any post school training programmes.

Drug Use and Related Issues within their Communities

- 39% of participants reported being involved with drug users on a personal level and 65% reported involvement with drug users on a community level;
- Levels of involvement with homelessness were substantially lower; 17% reported being involved on a personal level and 32% on a community level;
- 65% of the participants believed that the drug problem was 'above average' within their community;
- 55% of participants believed that the crime rate was 'above average' in their area;
- 68% of participants were aware of drug dealing occurring in their community;
- 39% of participants reported evidence of drug use in their locality;
- 48% reported that the eviction of drug users/dealers occurred in their community;
- 45% of participants reported that vigilantism/violence against drug dealers/users occurred in their community;
- 39% reported that there were visible homeless i.e. rough sleepers in their **area**;
- 58% of participants reported being aware of drug treatment facilities in their area; 13% reported that they did not know of any such facilities;
- 13% of participants reported being aware of services for the homeless **in** their area; 32% reported not knowing of any such services.

Participants also provided detailed qualitative information on how their communities have been effected by the 'drug problem' and their subsequent responds. These responses were categorised under the following headings;

Provision of Treatment, Preventative Strategies, Community Activism, and Vigilantism/Harassment. While participants exhibited high levels of awareness of community responses to the “drug problem” they were nevertheless critical of many of these, and in addition provided suggestions on how community responses could be improved upon.

Course Content

On the whole, participants were very satisfied with the content of the Drug Awareness Training Programme. This may be largely due to the fact that the participants were so closely involved in course design. Some recommendations were made by participants on how to improve the Programme, although all participants recognized the time constraints involved.

- 55% of participants reported that the content of the Drugs Awareness Training Programme was ‘very good’;
- 39% of participants reported that the content of the Drugs Awareness Training Programme was ‘good’;
- 6% of participants reported that the course content was ‘O.K.’;
- 100% of participants stated that they would recommend the Training Programme to others.

Effectiveness of the Drugs Awareness Training Programme

Overall, the Drugs Awareness Training Programme proved successful in terms of reaching its outlined course objectives.

Knowledge

- 33% of participants were ‘very satisfied’ with the course in terms of knowledge gained;
- 43% of participants were ‘satisfied’ with the course in terms of knowledge gained;
- 14% of participants expressed some form of dissatisfaction with the knowledge they gained, 2% of whom were ‘very dissatisfied’.

Skills

- 36% of participants were ‘very satisfied’ with the skills gained as a result of attending the Training Programme;
- 50% of participants were ‘satisfied’ with the course in this regard;
- 4% of participants reported being ‘dissatisfied’ with some element of the course in terms of the acquisition of skills;
- 81% of participants reported that as a result of the Training Programme they had gained new skills.

Attitudes

- 52% of participants stated that their attitude towards drug use and related issues had changed as a result of attending the Training Programme;
- 55% of participants reported that they were 'very much more' accepting of others as a result of the Training Programme;
- 35% of participants stated that they felt 'very much more' aware of self and confident around drug issues;
- 36% of respondents stated that as a result of the Training they felt 'very much more' comfortable in dealing with others drug use;
- 45% reported that since the Training Programme they were better able to cope with their own feelings.

By the end of the Training Programme there was a notable shift in participants attitudes towards drug users and related issues. Participants views following the learning intervention were positioned more towards the positive end of the attitudinal scale. Moreover, these positive changes in attitudes occurred not only across individuals but also across attitudinal statements.

Follow-Up Feedback

The three month follow-up session was attended by 19% of the original participants of the Training Programme. All follow-up participants reported sustained improvement in terms of their knowledge, skills and attitudes.

- 100% reported feeling more confident around drug use and related issues;
- 100% reported increased involvement with the drug issue;
- 100% of participants stated an increased capability in undertaking further education/training in this area.

However, participants identified a number of barriers on both a personal and community level that prevented them from making an impact on their communities response to drugs.

Effectiveness of Research Instruments

The results of this pilot study illustrate the importance of evaluating training programmes, in terms of ensuring participants needs are met and guaranteeing the provision of a quality learning intervention. The research tools employed in the study proved adequate in fulfilling their objectives. However, the piloting of the Attitudinal Survey indicates that while it is a worthwhile instrument, it needs some modification. Finally, the results highlight the importance of conducting follow-up evaluations, however, the low take up rate suggests that such follow-ups need to be an intrinsic part of any Training Programme.

CONCLUSIONS

The involvement of community groups in policy making at a local level, can ensure that the needs of the communities are addressed in a relevant manner. The evaluation of the Drugs Awareness Training Programme indicates that the provision of such training to members of communities disproportionately effected by the 'drug problem' has benefits in tern-is of; increasing participants knowledge, developing participants skills and changing participants attitudes. All of which can ensure a coordinated and sustained approach to community action.

RECOMMENDATIONS

- **A need for inclusive drug policy at a local level that embraces the notion of 'community' as a whole, rather the creating an 'us' and 'them' situation.**
- **A need to involve community groups in decision making at a local level in order to obtain sustained and coordinated action.**
- **A need to provide Training Programmes at a local level, based on an experiential learning model, that will provide the basis for such 'sustained and coordinated action'.**
- **A need for research to establish the relationship between drug use and homelessness.**

CHAPTER ONE

BACKGROUND TO STUDY COMMUNITIES RESPONDING TO DRUG USE

1.1 Introduction

Drug use in Ireland is not new. However, since the 1980's there has been a steady increase in the number of individuals involved in illicit drug use. To give some indication of the escalation of heroin use in Dublin, it is worth noting that in 1980 the main drug treatment center, Jervis Street, treated 213 heroin users and this rose to 417 in 1981 (Butler, 1991). In a five year review of treated drug users, O'Higgins and Duff (1997) reported that in 1995 the total number of treatment cases in Dublin was 3,593, the overwhelming majority of whom were opiate users. In 1996 the total number of treatment contacts in Dublin increased to 4,283 (Moran *et al*, 1997). The figures from the Health Research Board clearly indicate that drug misuse, in particular heroin use, is primarily an urban problem. For example, in 1996 the number of reported treatment contacts ranged from none in the North Eastern Region of the country to 281 in the South Eastern Region. These figures are significantly lower than the reported contacts in the Dublin area.

While recognizing that drug misuse is largely an urban problem, research in the UK has illustrated that it is highly scattered and localized, not only with distinct regional variations, but also with a tendency for heroin misuse to be densely concentrated in certain neighborhoods and not in others (Pearson, 1991; Parker, Bakx, and Newcombe, 1986). These neighborhoods tend to exhibit very high unemployment rates, limited social mobility, and other indices of social deprivation. This is not to suggest that there is a simple causal relationship between drug misuse and unemployment; the relationship is no less complex than that of the relationship between homelessness and drug misuse. The role of housing markets and housing conditions is one crucial factor. These have a general significance in understanding patterns of homelessness and are equally important in shaping the geographical clustering of heroin use alongside social deprivation (Pearson, 1987).

This localisation of heroin use in disadvantaged communities has also been recognised within an Irish context (McCann, 1997). Cullen (1998) argues that the Irish 'drug problem' disproportionately effects certain communities within Dublin. Thus he believes that,

"In reality it makes more sense to see the drug problem as a collection of local drug problems that differ across space and time and often requiring different policy responses and strategies. The main drugs of use differ across communities, across groups and across generations, and drug policies need to reflect this."

The Government shares this view and in the 1996 *Ministerial Task Force On Measures To Reduce The Demand For Drugs* recommended that a small number of areas be targeted and that local task forces be instituted to support the process. In response, thirteen local Drug Task Forces were established, one for each of the localities identified as having the most acute drug problem, 12 of which are in the Greater Dublin area. These local Drug Task Forces are intended to work in consultation with representatives of local community groups, thereby permitting members of the communities to have an impact on policy at a local level. However, Cullen (1997) argues that the Task Forces are being set up under an overall coordinating structure that is dressed up as containing community sector representation and as having executive functions, when the reality is much different. He further argues that, in the absence of coherent policy and planning, the new focus on community could become “an attempt to shift all the responsibility onto the same communities, with professionals and administrators remaining aloof but retaining overall power control”.

Although it is debatable whether the local Drug Task Forces established by the government gives any real power to the local communities - community involvement in decision making is vital. Such involvement has the ability to ensure more relevant action at a local level. Moreover, coordinated and sustained community action have the ability to promote substantial long-term changes in policy making. In the next section, community action is examined in detail.

1.2 Community Action

The involvement of members of local communities in influencing policy is rooted in a strong tradition of ‘community action’. The notion of ‘community’ has often been oversimplified by being used as a catch-all way of analysing social aspects of the lives of people within a locality. However ‘community’ also refers to a complex network of social relationships (on both a real and abstract level) which takes place within a geographically defined area or neighborhood (Jary, and Jary, 1991). On another level, the term ‘community’ can be used to illustrate a positive sense of ‘spirit and feeling’. In short, it is one of the most difficult and controversial concepts in modern society which has attracted many different interpretations (Lowe, 1986). Moreover, the label ‘community’ tends to receive little scrutiny or precise definition because of the evocative nature of the term.

For the purpose of this study the definition of community employed incorporates (a) community as location, (b) community as social relationships, and (c) community as a ‘sense’ of belonging. Community as location refers to both geographical boundaries, and boundaries of social ‘sameness’ or homogeneity. Community as social networks refers to the complex social interrelationships between individuals within these geographical and social boundaries. Finally, a sense of ‘belonging’ to the community is required, resulting from shared beliefs and value systems.

One of the more recent areas of concern within sociology has been with the nature and impact of community action, and collective resistance to social problems, rather than the geographical characteristics of communities. Community action can be defined as the organization of groups of individuals to achieve social change within their geographical location (Community Work Group, 1973). Essential to such action is the involvement of the members of the community in identifying *their own needs*, and mobilising themselves into action. Such action is largely reactionary, and the aim is problem-orientated, that is to say that it originates in response to needs identified at 'grass-roots level' (Mayo, 1974). Although not confined to them, the growth of community action has been most apparent in what may be called socially deprived areas. The characteristics of such communities include poverty, resulting from unemployment and very low wages, poor housing conditions, overcrowding, depressed physical environment, and the many accompanying social problems (Dearlove, 1974).

One of the major benefits of community action is that it increases the power of these communities to win some control over their lives, their resources, and to contribute to social change within their community (Kelleher, and Whelan, 1992). It is easy to condemn a community for attempting to prevent the establishment of a hostel for the homeless, but its members may, quite legitimately, be drawing attention to the already high concentration of social problems within their area. Such community action, if highly coordinated, has the ability to allow community members to impact on social policies within their locality. However, community action has a tendency to focus on a specific issue, and is consequently short lived (Community Work Group, 1973). Thus there is a need for such groups to balance the urgency of the task with commitment to contributing to change through sustained action. However, not all community action is always incontestably right. By its very nature community, and therefore community action is inclusive to some people and social groups and exclusive to others.

1.2.1 Community Action Against Drugs

Over the last two decades the drugs issue has attracted a considerable amount of media coverage, paralleled by a heightened importance on the political agenda. However, as O'Mahoney (1996) argues the media coverage of the Irish drug issue has run hot and cold, and this in turn has created the impression that Ireland has had a succession of separate, explosive drug crises since the 1980, instead of a continuous progressing social problem. This in turn has created a series of 'a moral panics' whereby overreactions by the media, police, governments and members of the public have caused the 'labeling' of individuals- This, far from leading to an elimination of the problem tends to amplify it. Moreover, it creates within the effected communities an environment of anxiety, fear, and distrust.

However community groups campaigning on behalf of an issue, do so to establish legitimacy to their specific claims. Such groups believe that their

particular problem is not regarded as sufficiently serious in society; or insufficient steps are being taken, they believe, to address the problem. In sum, Goode and Yehuda, (1994) argue community action is one manifestation of the moral panic, one means by which the panic is expressed. A threat is perceived by the community, members of the community discuss the threat and organise to deal with it.

For example, since the early 1980s many communities within the Greater Dublin Area have organised themselves into various groups, with the primary objective of tackling the 'drug problem' within their locality. The most documented of these is the activities of the Concerned Parents Against Drugs (CPAD). Cullen, argues (1989) that the CPAD initiated action in 1983 primarily due to the continual failure, despite mounting media concern, of the Government to put together relevant responses to the growing drug problem.

On a general level, there are two types of community action, those employing bargaining strategies and those utilising confrontational strategies (Community Work Group, 1973). Firstly, bargaining strategies which are usually employed in situations where negotiations are possible between various interest groups. For example, the negotiation between relevant community groups, social workers, Health Board, and Gardai around identifying and establishing appropriate services within a locality. Such action can also include lobbying of local counselors, TDs and public figures, petitions and information, and publicity campaigns directed at the mass media. In such circumstances, community action seeks to influence and direct local policy through formal channels. One of the major weaknesses of such bargaining strategies is that when community groups enter into the formal decision making arena, through partnerships with state bodies, they run the risk of losing direction and being forced into a compromising position. Thus the community can become the 'setting' for such interventions, with no role to play in the allocation of resources, or the shaping and implementation of policies. Ultimately, the decisions continue to be made centrally (McCann, 1997).

On the other hand, confrontational strategies are employed in situations where a polarization of interests exists and the conventional processes of political representation are viewed by community groups as being unproductive (Community Work Group, 1973). This strategy includes activities such as demonstrations, sit-ins and other overt expressions of concern and tension. It could be argued that in the 1980's CPAD adopted such strategies, which according to Cullen (1989:291) contributed to its limited success. Although he argues that CPAD was successful in mobilising impoverished communities, it failed to embrace other wider social and political issues. Moreover, the confrontational strategies employed resulted in the inherent resistance of State institutions to deal directly with grass-root organisations.

To conclude, the coordinated action of community members in response to their identified areas of concern, has the ability to raise awareness, mobilize

collective responses by communities, and in some cases impact significantly on policy. At its most basic level, community action informs and includes individual community members in the politicising process of decision making at a local level.

1.3 Training Communities to Respond

Recognizing the willingness of the communities to address the drug issue and their vested interest in doing so, it is necessary to provide the required information, resources and training in order to direct community action towards influencing social policies. Education of this sort must be made relevant to the lives of people who live within the community (Ashcroft, and Jackson, 1974). As adult residents of communities are the most able and vocal contributors to community action, adult education is of particular relevance.

Adult education differs from formal education in that it has the flexibility which allows the individualisation of the educational intervention. It offers a practical rather than abstract approach to learning. Characteristics include, being learner centered, using local resources, having community orientated content, horizontal relationships between facilitator and learner, immediate time focus and age inclusiveness (Hamilton, 1992). Although self reliance is the hall mark of non formal or adult education it nonetheless encourages assistance from sources external to those which exist within the community.

One form of adult education is community education which is a planned and organized attempt to help people develop the attitudes, skills and knowledge they need in order to solve the problems of their community. Community education is also concerned with the process of empowering people to take control of their own lives and to participate fully in the local community in which they live (Kelleher and Whelan, 1992). It acknowledges the educational validity of *learning by doing* and the relevance of lived experiences in developing awareness and raising consciousness. It is learner centered and aims to promote participation of community members in programme design, and implementation. As such it differs from structural taught courses which characterise other forms of adult education (Hamilton, 1992). In the true community based adult education model, control is in the hands of community residents.

1.3.1 Drugs Awareness Training Programme

Through its work the Merchant's Quay Project has come to recognize the need for more accurate information on drug use and related issues in order to dispel many of the myths, and more importantly to enable community groups to influence local policy. In this regard, the Merchant's Quay Project considers training to be of the utmost importance. It recognises that training has the ability to successfully impart knowledge, develop skills and perhaps more importantly, change attitudes. Not only is the provision of training vital, it is essential that training programmes are made available to those who will

most benefit, that is individuals from communities disproportionately effected by the drug problem. These individuals were the target participants for the Drugs Awareness Training Programme. As advocates of community adult education the Merchant's Quay Project recognises that such training must be directly related to social action, that is, action which aims to tackle the problems identified by individual community groups.

Of equal importance is the training strategy employed. The model adopted for the Drugs Awareness Training Programme recognises that these course participants will have a major role in dealing with, and ultimately helping to change, the circumstances within which the drug culture exists in their community. Moreover, they will have valuable information based on their own experiences. Consequently, as will be discussed in greater detail within this report, an experiential learning approach was employed. This requires that participants play an essential role in designing the course content. This approach has the added advantage of granting the participants greater ownership of the learning process and ensuring the course is directed towards their community's needs.

Community groups' articulation of local community needs has resulted in some policy changes being more responsive and appropriate to the needs of disadvantaged communities, than centrally designed policies. In order to contribute to such social change, community action needs to "combine an analysis of the causes of problems and the community development process with a detailed local knowledge of the community" (Kelleher, and Whelan, 1992:12).

However, the Merchant's Quay Project recognises that training per se is not a universal panacea for social problems, such as the drug issue. Firstly, Governments need be wilting to identify and address the root causes of such problems. Secondly, as regards training, its effectiveness depends on the willingness of community members to engage in the learning process, to challenge their perceptions, views, and attitudes, and ultimately to change their behaviour accordingly. Furthermore, informing an individual is not the same as informing a community. Ideally, training programmes should be taken *into* each community. Such an approach would permit a training programme to be designed specifically for the needs of the specific community in question.

1.4 Pilot Study

The Merchant's Quay Project received funding from the Combat Poverty Agency under their **Poverty, Drug Use and Policy: Developing Policy from Local Responses** grant scheme. Part of the proposal submitted to the Combat Poverty Agency was concerned with providing community leaders and activists with drug awareness training. An evaluation component was incorporated into the training programme from the outset. Local community groups and tenant associations were contacted in order to recruit participants. A lot of interest was expressed in the framing programme, both from the

groups contacted and from community activists working in the Merchant's Quay Project and Failtiu. A total of 31 participants, were able to commit themselves to the 10 week training programme.

During the initial stages of designing the Drugs Awareness Training Programme, it was recognised that for evaluation purposes it was necessary to develop specific research instruments in order to undertake the proposed research. Due to the time constraints, it was not possible to pilot the research instruments prior to the commencement of the training. Thus the decision was made to use the first Drugs Awareness Training Programme for community members as a pilot programme. This gave the Research Office an opportunity to pilot the research instruments among a larger sample.

1.5 The Structure of the Report

This report presents the pilot study of the evaluation of the Drugs Awareness Training Programme. Chapter Two is concerned with the planning of the training programme, and concentrates primarily on the needs of the participants and the objectives of the programme. A needs assessment was carried out, involving all prospective participants; thereafter the objectives of the training programme were identified. It will be seen that the course participants were intrinsic to the process of needs analysis and objective identification. Moreover, from the learners point of view this involvement gave them greater ownership of the learning process. The objectives of the programme are roughly divided into three categories, (i) increasing knowledge (ii) improving skills and (iii) changing attitudes. The identified objectives provided the necessary course goals, the basis for the evaluation and the starting point for training design. The course content was subsequently finalised and is outlined within the chapter.

Chapter Three discusses the methodology employed in the pilot study evaluating the effectiveness of the Drugs Awareness Training Programme. As the evaluation was concerned with measuring the extent to which the training achieved these objectives, a series of questionnaires and an Attitudinal Survey were designed specifically for this purpose. In this chapter the rationale behind the chosen methodology is discussed and the design of the research instruments is examined in detail.

In Chapter Four the data collected by means of the research instruments are analysed. Firstly, the data is examined in terms of establishing the success of the training programme in reaching the target population. Thereafter, participants' responses to the course design and content are explored. Finally, the effectiveness of the Drug Awareness Training Programme in reaching its specific course objectives is examined. The Report concludes in **Chapter Five** with a summary of key findings, and an overview of the policy implications.

CHAPTER TWO

DRUGS AWARENESS TRAINING PROGRAMME DEVELOPING A MODEL

2.1 Introduction

As illustrated in Chapter One, community members can have a significant impact on drug policy at both a local and national level. Moreover, there is a need to promote such community involvement within the policy making processes. The Merchant's Quay Project recognizes that in providing training to local residents groups and tenants associations, they are enabling these community members to act as a resource in planning and directing drug policy at a local level. Prior to the stall of the Drugs Awareness Training Programme, a training needs assessment was undertaken with prospective participants. This was intended to ensure that, insofar as it was practicable, the course was tailored to meet their specific needs. Prospective participants for the training programme were chosen in consultation with the relevant residents groups and tenants associations. Individuals who had no previous access to such training were actively targeted. Although the over riding criteria for selection was the participant's ability to achieve maximum benefit from the course. Potential participants were contacted and informed of the intended Drugs Awareness Training Programme. They were asked, if interested, to state what they would hope to gain in undertaking such a programme. All those who replied were subsequently accepted onto the course. In this chapter, the needs of the participating local community and tenants groups are identified. Based on these needs the specific objectives of the training programme were developed and are presented hereafter. The course content was then decided upon and is presented in detail within this chapter.

2.2 Needs of Participants

The participants of the training programme can roughly be divided into two groups. Firstly, members of local communities, who identify themselves as working primarily with drug users. Many of these participants, as can be seen below, wanted above all to increase their **knowledge** and **skills** around drug issues, in order to improve the services they provide to clients. A significant proportion of this group were workers in the Merchant's Quay Project. The following are examples of what these participants stated as being their primary aim in undertaking the Drugs Awareness Training Programme;

“I hope to gain a better knowledge of the drugs issue - to increase my skills when working with the clients in the Project”.

Merchant's Quay Project

“I hope to gain information on drugs and issues around drug use and users. I want to further improve my knowledge in the area to enable me to work more effectively and efficiently with the clients we meet”.

Clondalkin Addiction Support Programme (C.A.S.P.)

“I hope to get a better knowledge of how drug users needs differ in terms of where they are at and also to get a better understanding of the drug culture, to help me in my work with young people”.

St. Michael’s Parish Youth Project

“I hope to gain more practical knowledge of the properties and uses of various drugs and also the services available to drug users to help improve my ability to work with clients”.

Merchant’s Quay Project

“I hope to gain more factual information on the types and effects of drugs, treatment available for drug users, and information regarding the legalisation of drugs so as to aid my work with drug users”.

Failtiu

This group of participants had considerable knowledge of drug use and related areas, prior to the commencement of the course. Their main objective in undertaking the training programme was to develop this knowledge, and to locate it within an academic framework, in order to understand more comprehensively theories of addiction and the rationale behind treatment measures.

The second group of participants were members of local communities and tenants groups who although not working directly with drug users, as “community activists” they were involved in attempting to direct responses towards drug use and related issues in their community. All of these participants were involved with drug users at a community level and many also on a personal level. These participants expressed a wide range of expectations of what they hoped to achieve in undertaking the training. Some explicitly stated the need **to gain practical knowledge** in order to dispel myths around drug use. For example;

“I hope to gain a better working knowledge of drug addicts, and get some clarity around facts and fiction of drug use. Learn possibly how to deal with people with drug addiction”.

Connolly Information Centre for the Unemployed

Some of these participants saw the importance of knowledge in terms of **increasing awareness** in their communities. These participants were primarily concerned with being more informed about the drug problem in their locality, in order to attempt to make an impact on their community.

“I want to get honest information on the drug problem. More knowledge on the drugs themselves and the effect they have on people and communities, so that I will be able to bring something back to my community and put what I have learnt to good use”.

Whitefriar St. Community Development Programme

This group also included concerned family, members the majority of whom lived in areas disproportionately effected by the drug problem. These individuals expressed a desire to gain information in order to benefit both their families and communities. Many were also parents who felt the need to gain more knowledge of drug use, in order to “protect” and “educate” their children.

“I hope to be able to help my family to make them understand about drugs, and also help my friends and to help my community and to someday get some sort of treatment facility in the area”.

24 Year Old Woman, Dublin 8

“I hope to gain some kind of knowledge of what is going on in my area and if there is something I could do to protect my child in the future.”

26 Year Old Mother, Dublin 8

“I hope to get a better understanding and awareness of the problem, in respect of being a mother, rearing young children and also this is the first step on the road to working in this field eventually”.

33 Year Old Mother, Dublin 8

On the other hand, a number of participants expressed a need to **develop skills** to enable them to deal with issues around drug use in a confident and informed manner. These were people whose work often brought them into contact with drug users,

“I hope to gain more knowledge on drugs and drug users and to gain a better understanding of dealing with drug problems. I hope it will be beneficial for me at work when working with parents with drug problems”.

St. Joseph’s Day Nursery

“To get more of an understanding about drugs and related issues, so that I am in a position to help and hopefully understand drug users”.

Dolphin House Community Centre

It is immediately apparent that there was no one reason why participants expressed an interest in the training programme. As illustrated participants came from diverse backgrounds, some worked very closely with drug users, others had drug using family members, and others were concerned community members. Although these are not mutually exclusive groups, they indicate participants differing levels of involvement with drug users, which in turn influences their knowledge and perceptions of drug use and related policy issues. The fact that the participants had varying experiences and views on drug use in no way hindered the training process. In fact, it enhanced the experiential nature of the training. This experiential approach primarily draws on the existing experience and knowledge of the participant group. While the techniques used were truly experiential, the course also had a cognitive element in which a theoretical framework was provided.

In short, all participants stated a need to increase their understanding of drug use. Furthermore, what participants hoped to gain from undertaking the Drug Awareness Training Programme can be roughly divided into three areas; knowledge, skills and the changing of attitudes. These broad categories informed the identification of the course aims and objectives.

2.3 Aims and Objectives of Training Programme

The Drug Awareness Training Programme is to equip persons involved in local residents groups and tenants associations with the necessary knowledge and skills pertaining to drug use and homelessness, in order for them to be a resource within their own community, particularly in relation to developing policy. The identification of specific course objectives were required not only to ensure that the course content was appropriate for the

participants' needs, but also for evaluation purposes. **Table 2.1** outlines the course objectives under these specific headings.

Table 2.1 Objectives of Drug Awareness Training Programme

Knowledge	<ul style="list-style-type: none"> • Increase understanding of the issues surrounding: drug use • Increase understanding of problem drug use and it's causes • Increase understanding of dealing with those with drug problems • Increase understanding of dealing with those effected by others' drug use • Increase understanding of various substances used • Increase understanding of terminology and street names • Knowledge of existing services and resources • Increase understanding of the effects (individual & social) of drug misuse • Increase understanding-of the links between poverty and drug use
Attitude	<ul style="list-style-type: none"> • Be more accepting of others • Develop greater sensitivity • Increased awareness of self and confidence around drug issues • Be more comfortable dealing with those affected by drug use • Feel more confident to confront and challenge behaviour • Be better able to cope with own feelings
Skills	<ul style="list-style-type: none"> • Be able to identify various drugs • Be able to identify drug paraphernalia • Be able to identify problem drug use • Better understanding of those effected by problem drug use • Be able to listen effectively and .understand • Deal with difficult behaviour • Deal with conflict related to drug use within the community • Build up trust • Challenge and confront • Make appropriate referrals

2.4 Course Content

Based on the identified course objectives, the Training Officer finalised the content of the Drugs Awareness Training Programme as follows;

Session One:

- ❑ In the first session, participants will play a key role in developing the course content by identifying and assessing their own needs. This phase will provide an overview of the course, and will introduce key elements such as team building and group work exercises. In addition it will explore the issues of boundaries and confidentiality. Essential to this session is that participants examine their attitudes towards drug use/rs and related issues, and confront their prejudices.

Session Two:

- ❑ Session two provides a comprehensive educational unit on drug history. In this session, participants gain an insight into the social construction of drug use as a 'problem' and the range of policy responses. The changes in patterns and types of drug use over time are also examined. During this session the participants will examine in detail, some of the drug sub cultures, such as Raves, Dance Drugs etc. In studying the development of the 'drug problem' participants will be encouraged to initiate discussions about issues that arise, and relate these to their own locality.

Session Three:

- ❑ Session three will involve an indepth analysis of the nature of addiction and dependency. The most prominent addiction theories will be discussed. These theories will then be related to some of the more important current issues in drug research, such as gender and drug use, young people and drugs and harm minimisation.

Session Four:

- ❑ The fourth session will allow participants to look at some of the practical aspects of working with drug users, informed primarily by the harm minimisation approach. Participants will look at methods of reducing the incidence of visible drug use; the incidence of disregarded injecting equipment, and the level of fear within the community. In this regard, our ability to offer our participants a short placement with the Health Promotion Unit of the Merchant's Quay Project or at Failtiu, will be an important element of the course.

Session Five

- ❑ The fifth session will explore the issues of drug use within a social policy context. This will involve looking at the relationship between drug use and social exclusion. The effects of the 1996 Housing (Miscellaneous Provisions) Bill will be examined as will the approaches developed by the National Drugs Strategy Team and the National Anti-Poverty Strategy.

Session Six

- ❑ During the sixth session the emphasis will be on learning about the intervention techniques most commonly used in the treatment of problem drug use. Participants will be informed of the most commonly employed approaches to dealing with drug users including counselling skills, and motivational interviewing skills. They will also gain an insight into the treatment model of the Merchant's Quay Project residential detoxification programme. Treatment interventions currently being used will be explained. Role-play will form an essential part of the session.

Session Seven and Eight

- ❑ The primary goal of all participants on this course will be to heighten awareness of the issues surrounding problem drug use. The seventh and eight sessions will focus on the way in which effective treatment plans and programmes are designed at a community level. Participants will gain an understanding of the following aspects:
 - Where does it start
 - Progression of use/abuse
 - Classification of substances
 - Terminology and street names
 - Treatment resources/existing services
 - Dependency/addiction
 - Psychological effects of abuse
 - Legal/social/family effects
 - Treatment models
 - Community/workplace/family interventions
 - How to communicate with/counsel those who need our help

Session Nine

- ❑ Having gained a working knowledge of addiction and the issues which surround it, session nine will study the area of research and official data sources in relation to drugs and homelessness. Participants will gain an understanding of the importance of good research in planning services and in developing good practice and policy in relation to these issues.

Session Ten

- ❑ The final session of the course, session ten will focus on the short-term placement of participants in the Franciscan Social Justice Initiative to gain hands on experience of dealing with homeless persons and drug users. It is envisaged that all participants will be offered a two-day optional placement at Failtiu or the Merchant's Quay Project.

2.5 Training Approach

The Merchant's Quay Project employs an experiential learning approach in its training programmes. This approach has been developed on the basis that people learn best from their own experience' provided that this experience can be examined and conclusions tested (Caravan, Costine and Heraty, 1995). It is based on the principle that in a training situation the focus of learning is best directed at the experiences of the learner, rather than at the actions of the trainer. In other words learning should be seen as an active rather than a passive process.

The main advantages of this approach are;

- It is learner centered;
- It draws on peoples own experiences;
- It enhances the learning experience through sharing ideas;
- It provides an opportunity for participants to experiment and take risks; •
- It develops confidence and insight for the participants;
- It treats participants as adults;
- It adapts to diverse needs and expectations of learning and;
- It develops critical thinking, judgment and creativity.

Within this approach the trainer is in effect a facilitator, rather than a teacher and in this capacity his/her role is to create an environment conducive to learning. It is also to ensure that individual's experiences are utilized to their maximum as a common learning resource. As a learner centered approach the participant is involved in self-directed development. The role of facilitator is central to this development, in that they must provide the appropriate support and guidance throughout the training,

As the learners are actively involved in the learning process, role-play is an essential component of experiential learning. This technique also has the benefit of allowing an opportunity for practice, and trial and error learning. Role-playing allows the participants to identify their personal strengths and weaknesses and receive feedback from other participants. In addition, it provides an opportunity for participants to develop skills by observing how others handle situations. Other common techniques employed include case study method, incidence method, group discussions, and game simulation exercises. All of these methods provide an opportunity for active learning to be utilized to its fullest.

2. 6 Conclusion

It has been shown in this chapter that the needs and levels of knowledge of the prospective participants on the Drugs Awareness Training Programme varied widely. However, it was possible to divide them roughly into three categories, knowledge, skills and attitudes. On the basis of these categories the specific objectives of the training programme were identified, and thereafter

the course content developed. The experiential nature of the training programme has the ability to take full advantage of these diverse backgrounds, and utilize them as an effective learning tool. As discussed in Chapter One, an evaluation process was an integral part of the training programme. The following Chapter will examine in detail the methodology employed to carry out the evaluation of the Drugs Awareness Training Programme.

CHAPTER THREE

RESEARCH METHODOLOGY DESIGNING THE PILOT STUDY

3.1 Introduction

The ultimate purpose of the Drugs Awareness Training Programme is to equip its participants with the knowledge, skills and attitudes necessary for them to be a resource in their own communities. The evaluation is concerned with measuring how far the training achieved these goals. The evaluation strategy employed was largely ‘objective-centered’ (Garavan, Costine and Heraty, 1997), as participants and the Training Officer worked together to set course objectives for the learning intervention. Based on these objectives the outcome measures necessary for the evaluation were identified. In this chapter the research methodology employed in the evaluation of the Drugs Awareness Training Programme is discussed in detail.

3.2 Research Method

The two preferred approaches to undertaking the evaluation of the Drugs Awareness Training Programme were control group design, and single group pretest and post-test design (Phillips, 1991). The first of these approaches involves comparing two groups of respondents, one being the group taking part in the training programme, and the second, a control group. Data is gathered on both groups before and after the learning intervention. The results are compared in an attempt to assess the impact of the course on the respondents. Employing a true control-group design is one of the most powerful evaluation designs available since it combines random selection with the use of a control group (Pawson and Tilley, 1997). The second approach, single group, pretest and post-test design, compares the knowledge, skills and attitudes of the participants of the training programme before and after the intervention to identify any improvements (De Vaus, 1986).

Employing either of these two approaches would require that participants were in effect ‘tested’ on their knowledge, skills and attitudes at the beginning and end of the learning intervention. It was felt that such ‘testing’ would interfere with experiential nature of the training programme, and would also be unacceptable to participants. Consequently it was necessary to select a more appropriate research design.

It was decided to employ a “one-shot” design whereby the participants in the training programme are evaluated only once, after the learning intervention is complete (Oppenheim, 1998). However there are numerous problems with such a methodology, including the many uncontrolled factors that might influence the measurement, thereby invalidating the results. An attempt was

therefore made to identify possible influencing factors by administering a baseline questionnaire to all participants at the beginning of the training programme. This had the advantage of identifying possible confounders that may influence the participants' self reported changes in knowledge, skills and attitude at the end of the course. It was also considered essential to include a participant follow-up questionnaire. This was intended to provide valuable information on participants' learning retention, and the practical application of the knowledge and skills gained. As this is a pilot study an important function of the follow-up questionnaire was also to attempt to determine any obstacles that prevented the participants from achieving what they had hoped for, at the beginning of the Drugs Awareness Training Programme. There can be many barriers to performance improvement, particularly when one considers the nature of the subject matter covered and its complexities, in addition to the diverse group of participants involved in the training.

At the initial stages of the evaluation process, a number of meetings were held with the Training Officer and relevant team members. It was decided that the most appropriate data-collecting instrument would be a series of questionnaires, designed specifically for the Drugs Awareness Training Programme. As the research instruments were unique in this regard and were not standardized, it was necessary to carry out a pilot study in order to ensure that the research tools were both valid and reliable. Draft questionnaires were designed and piloted on a very small sample of individuals who participated in a similar training programme. However, due to the time constraints and the need to commence the Drugs Awareness Training Programme, it was decided that the research instruments would be further piloted on the participants of the first Drug Awareness Training Programme. This ensured that a larger sample of participants were included in the pilot study ($n=31$), and had the further advantage of permitting a comparison within the target population i.e. community activists working directly with drug users, and those involved specifically at a community level.

A number of question formats were included in the research instrument. Rating scales were employed in order to determine participants' levels of satisfaction with various aspects of the Training Programme. These ratings give a numerical value to the individuals judgments. This approach provided the required *subjective* measure of changes to respondents perceptions and attitudes. Moreover, the use of rating scales provides valuable information on the rater (Oppenheim, 1998). On the other hand, the use of open-ended questions permitted the collection of more qualitative information from participants. However, in designing the questionnaire, attention also had to be paid to the possibility that participants may have literacy problems. Thus, the primary intention was that the research instruments could be completed as easily as possible with minimum interference to both the participants and the training programme. In the next section, the research instruments are outlined.

3.3 Research Instruments

In This section the four research instruments employed in the pilot study will be examined in detail. Firstly, the baseline questionnaire will be discussed. Thereafter the post course research instrument, which examined the extent to which the training programme reached its identified objectives, will be outlined. The design of the Attitudinal Survey will be examined, as will the post course follow-up questionnaire.

3.3.1 Baseline Data

A questionnaire was designed to collect baseline data from all participants on the Drugs Awareness Training Programme. This questionnaire was completed during the first session of the training. Data was collected on participants' demographic details, educational background, community involvement, perceptions of the drug problem in their locality and finally on their communities responses to the drug problem.

Demographic details included gender and age. While age is always considered an essential variable, it is particularly important when evaluating training programmes. Caravan *et al*, (1997) argues that age contributes to differences between learners in a variety of ways which require particular consideration from the trainer. Age can have an impact on participant's attitudes, motivation and enthusiasm, levels of ability to retain knowledge and skills, and can also lead to varying levels of confidence. Participants were also asked to provide their postal code in an attempt to determine their eligibility as members of communities adversely effected by the drug problem. As postal codes are comprehensive by their very nature it would have been preferable to obtain participants exact addresses. However, the anonymity of participants was seen as essential, as was designing a non-intrusive research instrument.

Education: All respondents were asked their school leaving age. The main purpose was to ascertain their level of formal education. In addition respondents were asked whether they had undertaken any previous training programmes and the nature of these courses. Gathering baseline data on educational background was viewed as essential by the Trainer in terms of gauging the participants capabilities. Moreover, it enabled the Training Team to make optimal provisions for individual differences within participants, including levels of formal education, literacy, and the individual's pace of learning. It would have been more valuable to also ask participants for their formal educational qualifications; however, it was recognised that a proportion of the individuals undertaking the training would have left school without any such qualifications. Since it was necessary to ensure that these participants in particular, were not in any way alienated, a less encroaching line of questioning was favoured.

Community Involvement: As the training programme was intended to target individuals who are actively involved in their community, participants were

asked a series of questions concerned with this involvement. Firstly, respondents were asked whether they were members of a community group and if so what organisation. Secondly, all respondents were asked the nature of their involvement (personal and/or community) with both drug users and homeless persons.

Participant Perceptions of the Drug Problem within their Community: Participants were asked about their understanding of the drug problem within their locality. This information provided a measure of respondents' level of awareness. Firstly, participants were asked to rate the drug problem and crime rate in their community on a scale of one to five, ranging from a very serious to not a problem. Although this is a highly subjective rating it was nevertheless possible to compare responses across all respondents. Recognising that numerous factors will influence participants' perceptions of the drug problem, all participants were asked whether they were aware of a range of drug related activities occurring within their locality, 'this was included as a means of validating participant's perceptions. Participants were also asked whether they were aware of drug treatment services and facilities for homeless persons in their area. An open-ended question concerned with participants' perceptions of the effects of the drug problem on their community provided valuable qualitative data.

Community Responses: Participants were asked to outline their community's response to the drug problem. This provided information on the participant's awareness of the relevant policy issues, and their level of involvement in community action directed towards the drug problem in their locality. Respondents were also asked what they thought their community *should* be doing to address the drug problem. This open-ended question provided the participants with an opportunity to critically review the extent and nature of services and related policy initiatives within their own area. This information provided an insight into the needs of the community by those actively involved in the community.

In asking participants about their perceptions of the drug problem and their communities' responses, recognition is given to the importance of the knowledge and wealth of experience that they bring with them to the training programme. By virtue of requesting the above information from all participants, emphasis is placed on the importance to others of their knowledge, and defines the individual as a key informant rather than a passive learner. The sharing of experiences and knowledge, essential to experiential learning is thus employed at the initial stages of the training. Moreover, from the onset of the evaluation process, the experiential learning approach made an impact on the research methodology employed. This, it was hoped, would help to minimize the extent to which the evaluation could interfere with the learning process.

3.3.2 Outcome Data

A questionnaire was also designed to collect data on the effectiveness of the Training Programme. The aim was primarily to assess whether or not the objectives of the Drug Awareness Training Programme, in terms of increasing knowledge and skills and changing attitudes, had been achieved. The questionnaire was completed during the last session of the training. Data was collected by measuring both the reactions and learning levels of the participants.

Reactions: Questions were included in the questionnaire which focused on the reactions of the participants to the training experience in terms of the overall rating of the course, usefulness of the course, and any necessary improvements to the course. Firstly, participants were asked to rate the Drug Awareness Training Programme on a five-point scale ranging from very good to very poor. This information provided a subjective rating of the course. Secondly, an open-ended question referring to what aspect of the course participants found most useful was included. This information provided feedback, not only in relation to course content, but also on the degree to which the training fulfilled the participants individual needs. Participants were also asked to state any changes that may improve the Training Programme. Finally, all respondents were asked whether they would recommend the Drugs Awareness Training Programme to others.

Learning: Questions were also included which focused on the learning or, more specifically, the measurement of what participants had learned as a result of the training. As indicated previously, the primary purpose of this section was to determine whether the training programme reached its identified objectives in terms of imparting knowledge and skills and changing attitudes. In order to attempt to measure this, all participants were asked to indicate, on a scale of one to five, to what extent the course met their needs in terms of the knowledge objectives, attitude objectives and skill objectives as outlined in Table 2.1 of Chapter Two. The participants were also asked open-ended questions concerned specifically with their perceptions of how the training impacted on their attitudes, and developed their skills.

3.3.3 Attitudinal Questionnaire

As one of the primary aims of the Drugs Awareness Training Programme was to change participants attitudes towards drug use and related issues, it was considered essential to include a measurement of attitudinal change. For the purpose of measurement, the majority of researchers agree that an attitude is a “tendency to respond in a certain manner when confronted with certain stimuli” (Oppenheim, 1998: 15). Most of an individuals attitudes are usually dormant and are expressed in speech or behaviour only when the object of the attitude is perceived. For example, a person may have strong attitudes for, or against, homeless persons, but these become aroused and expressed only when some issue connected with homelessness arises. Attitudes are reinforced by

beliefs (the cognitive component) and often attract strong *feelings* (the emotional component) which may lead to particular behavioural *intentions* (the action tendency component). We tend to perceive attitudes as straight lines, running from positive, through neutral to negative feelings about an issue. Attempts to measure them concentrate on trying to place a person's attitude on the straight line, or linear continuum, in such a way that it can be described as mildly positive, strongly negative and so on; preferably in terms of a numerical score or else by means of ranking. (Osgood *et al*, 1977).

Thus, attitudes have two main attributes, *content* - what the attitude is about, and *intensity*, in that it may be held with greater to lesser vehemence. Similarly, some attitudes go much deeper than others and touch upon a person's fundamental philosophy of life, while others are relatively superficial. Again some attitudes seem to be more embracing than others, they lie at the base of more limited or specific attitudes and beliefs, thus predisposing individuals, in a certain way, towards new attitudes and experiences that may come their way. For ease of understanding, social psychologists make a rough distinction between these different levels, calling the most superficial ones 'opinions', the next one 'attitudes', at a deeper level 'values' or 'basic attitudes' and at an even deeper level 'personality' (Oppenheimer, 1998). Typically attitudes do not exist in isolation within the individual. They generally have links with components of other attitudes and with the deeper levels of value systems within the person (Henerson, Morris and Fitz-Gibbon, 1978).

Attitudes are learnt; at the most general level we learn to like (or have favourable attitudes towards) objects we associate with 'good' things and we acquire unfavourable feelings towards objects we associate with 'bad' things. A person's attitudes may change as a function of variation in their belief system. However, some attitudes may be relatively stable over time, and they may exhibit frequent shifts. One becomes particularly aware of the strength and pervasiveness of attitudes when an attempt is made to change them -through the process of communication, advertising, and education. In this pilot study an attempt was made to measure the effectiveness of the Training Programme in changing participants' attitudes towards drug use and related issues.

3.3.3.1 Attitudinal Data

There are a number of possible methods of measuring a participant's attitudes, including attitude-rating questionnaires, which have certain advantages that make them popular evaluation tools. Firstly, they permit anonymity, which increases the chances of receiving responses that genuinely represent a person's beliefs or feelings. Secondly, they provide greater uniformity across measurement situations than, for example, interviews. Finally, the data they provide can be more easily analyzed and interpreted than the data received from oral responses (Henerson, Morris and Fitz-Gibbon, 1978). On the other hand, one of the main disadvantages of attitude rating

questionnaires is that it is not possible to gauge how people are interpreting a question. If the questions being asked are interpreted differently from one respondent to another, the validity of the information obtained is jeopardized. With this in mind, the pilot study of the Drugs Awareness Training Programme provided the perfect opportunity to test the appropriateness of such an instrument in measuring changes in attitudes.

The attitudinal questionnaire employed in this study used agreement scales, which consisted of a series of attitude statements regarding drug use that embodied extreme statements, either clearly favourable, or clearly unfavourable. For example the following statement is unfavourable; *Drug users are responsible for most of the crime in Dublin*. On the other hand a favourable statement is; *Drug users should be accepted in their own community*. The agreement scale achieves a wide range of scores by having respondents report the intensity of an attitude. Respondents are asked to indicate their agreement with each statement on a 5 point Likert scale; strongly agree, agree, undecided, disagree and strongly disagree,

The training programme was designed to impact on the following attitudes;

- acceptance of drug related issues
- tolerance towards drug users
- attitude towards community responses to the drug issue
- attitude towards various treatment models

It was these changes that were to be measured. In order to construct the attitudinal questionnaire a large number of clearly favorable and clearly unfavourable statements about the attitudes under investigation were drawn up. This large item pool was reduced to a list of 24 statements. Thereafter, these statements were administered to 10 individuals participating in another training programme carried out in the Merchant's Quay Project, to ensure that all individuals understood the meaning of the statements and that there was no room for different interpretations. At this stage all the necessary modifications were undertaken and the Attitudinal Survey constructed.

It should be noted that measuring attitudes is a very complex task. It is impossible to measure attitudes precisely since information gathered might not represent the participant's true feelings. Moreover, attitudes tend to change with time, and there are a number of factors that form an individuals attitude. Nonetheless, at the pilot stage it was decided that the possible benefit of such an instrument out weighed the difficulty of its measurement.

3.3.4 Follow-Up Questionnaire

The final component in the evaluation was a Follow-up Questionnaire. The follow-up consisted of prearranged formal contact with the participants of the training programme three months after attending the initial course. One of the purposes of this follow-up was to determine what changes, if any, had

taken place as a result of attending the training programme. Of equal importance, particularly at the pilot study stage, was examining the difficulties encountered by the participants following the training, which prevented or hindered them in reaching the goals they had set at the outset of the course.

Participants were asked to what extent their involvement with the drug issue had changed as a result of attending the Drugs Awareness Training Programme. Thereafter respondents were asked whether as a result of the course they felt more confident in dealing with drug related issues, and in their ability to undertake further training in the field. In an attempt to determine how useful the course was to the participants on a more practical level, all those who attended the follow-up seminar were asked whether they had used any of the knowledge and skills they had gained on The Training Programme. Finally, the participants were asked what, if anything, had prevented them from utilizing the benefits of the course within their community, on both a practical personal level, and on a community level.

3.4 Conclusion

To reiterate, the research instruments employed to evaluate the effectiveness of the Drugs Awareness Training Programme were a series of questionnaires, and an Attitudinal Survey. The first of these questionnaires, administered at the commencement of the course was concerned primarily with gathering baseline data from all of the participants. The second questionnaire was a post course research instrument that examined the extent to which the training programme reached its identified learning objectives. This questionnaire included a measure of participant satisfaction. Participants at a three-month follow-up seminar completed a third questionnaire. This was concerned with accumulating data on the lasting impact of the training programme, while at the same time identifying the obstacles confronted by the participants in applying the skills and knowledge they had gained. Finally, an Attitudinal Survey, completed by all participants at the beginning and end of the course, measured the changes in respondents attitudes towards drug use and related issues. Although there were limitations to the methodology employed in this pilot study, it was hoped that the research instruments would prove appropriate.

CHAPTER FOUR

RESULTS

FINDINGS OF PILOT STUDY

4.1 Introduction

As discussed previously an evaluation component was an integral part of the Drug Awareness Training Programme. It enabled participants to subjectively determine whether their needs were met in terms of course content, while at the same time allowing for an analysis of the effectiveness of the Programme in reaching its objectives. Data was collected from participants by means of a structured questionnaire at the beginning and end of the Training Programme. This chapter examines the effectiveness of the Drugs Awareness Training Programme in terms of its success in (a) reaching its target population (b) course design and content and (c) reaching its specific outlined learning objectives.

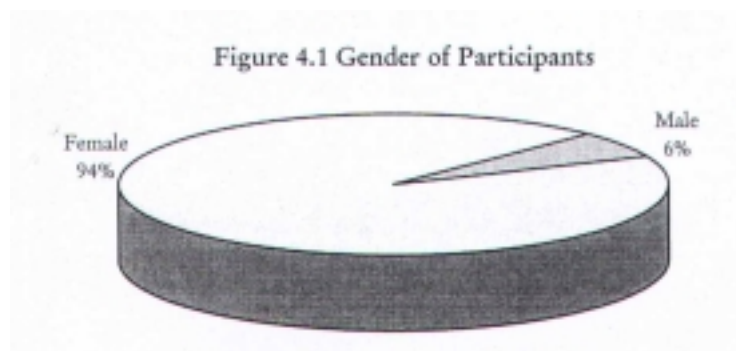
4.2 Participant Profile

In this section the data collected from all participants ($n=31$) at the first training session is presented. This information is primarily concerned with participants demographic details. Data on participants perceptions of the extent of drug use and crime in their area, along with their views on their own communities response to the drug problem are also discussed. In short, this section is intended to examine whether the Training Programme succeeded in attracting its target population.

4.2.1 Gender

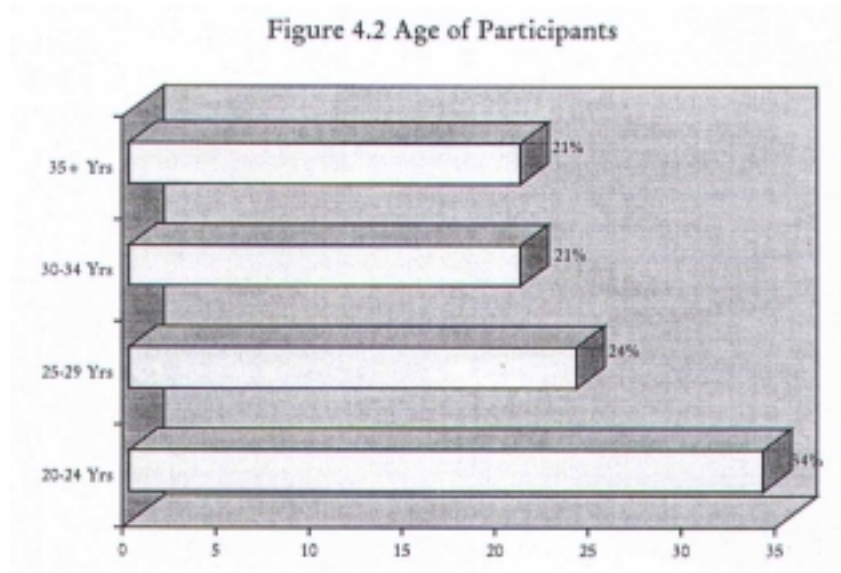
Figure 4.1 illustrates that the majority of participants were female ($n=29$) this is not surprising in view of the fact that research in Ireland has shown that women are more likely to be involved in both Adult Education and Community Activism (Kelly, 1997).

Figure 4.1 Gender of Participants



4.2.2 Age

Figure 4.2 illustrates the age profile of participants. The mean age of participants was 22.6 years (range 22-60 years). Forty-two percent of the group were over the age of 30, the remaining 58% were between 20 and 30 years of age. The average school leaving age of participants was 16.6 years, however 13.3% of the participants left before the legal school leaving age and a further 30% left prior the completion of the Leaving Certificate.



4.2.3 Area of Residence

Table 4.1 illustrates the place of residence of the participants. As community groups in the locality were targeted a significant proportion of the participants were from the inner city, mainly from the South Inner City.

Table 4.1 Participants Postal Code

Area		No. Participants
North Inner City	Dublin 7	4
	Dublin 3	1
Remaining North Dublin	Dublin 5,9,13.	4
South Inner City	Dublin 8	9
	Dublin 12	2
Remaining South Dublin	Dublin 2,6,14,24,30.	11

4.2.4 Previous Training

All participants were asked whether they have previously undertaken any other Training Programme. This was included in the questionnaire, primarily to gauge participants level of involvement in Adult Education. It also had the advantage of providing the Training Officer with information on participants levels of knowledge. Thirty two percent of the participants did not previously access any post school training programmes. The remaining 68% of participants reported that they had previously been involved in some training or formal education. As a significant proportion of the participants were volunteers in the Merchant's Quay Project and Pailtiu (42%) they had attended a range of training programmes, provided by the Project, specifically concerned with drug use and related issues. Other training programmes attended by the participants which were directly related to drug use included;

- Addiction Studies (Maynooth College);
- AIDS Helpline Training Programme;
- Community Awareness on Drugs (CAD)- Parenting for Prevention and;
- Community Awareness on Drugs (CAD)- Residential Weekend.

A number of participants also reported having received training in the acquisition of specific skills such as;

- Counselling;
- Bereavement Training;
- Reality Therapy;
- Victim Support;
- Community Development and Leadership;
- Personal Development;
- Assertiveness and;
- Youth Studies

The diversity of the group is highlighted by the range of training programmes undertaken by the participants. A number of these individuals also had third level education (not considered in this case as training). Conversely, as mentioned above, a number of participants left school without any formal education. The fact that just under half of the participants had no previous training, indicates that the Drugs Awareness Training Programme was successful in attracting those who had not previously accessed such Adult Education Programmes.

4.2.5 Participants Levels of Involvement with Drug Users

All participants were asked their level of involvement with drug users, that is whether they were involved on a personal or on a community level.

Needless to say these two categories were not mutually exclusive. Table 4.2 illustrates the percentage of participants who reported being involved with drug users and homeless persons, on both levels.

Table 4.2 Participants Involvement with Drug User/Homeless

	Yes	No
Personal Involvement: Drug Users	39%	61%
Community Involvement: Drug Users	65%	35%
Personal Involvement: Homeless Persons	17%	83%
Community Involvement: Homeless Persons	32%	68%

Table 4.2 shows that over half the participants ($n=20$) reported being involved with drug users on a community level. A significant minority reported being involved with drug users on a personal level, many of whom were also involved on a community level. Levels of reported association with homeless persons were significantly lower. This may indicate a lack of awareness of the extent of homelessness among drug users. Table 4.3 shows the community groups represented by the 31 participants in the Drugs Awareness Training Programme, a number of groups had more than one representative attending the course,

Table 4.3 Represented Organisations

C.A.S.A.
C.B.S. Crumlin
Clondalkin Addiction Support Programme (C.A.S.P.)
Connolly Information Centre
Dolphin House Community Centre
Dolphin House FAS Employment Scheme
FAS – Marrowbone Lane Flats
Fatima Development Group :
Failtiu Project
Marrowbone Lane Resident's Association
Merchant's Quay Project
P.A.S.T.
Pearse House
The Small Club – Donore Avenue
St. Andrews Resource Centre
St. Joseph's Day Nursery
St. Matthew's Ballyfermot
St. Michael's Parish Youth Project
Victim Support
Whitefriar Community Centre

4.2.6 Participants Perceptions of Drug Related Issues in their Area

The target group were individuals from communities adversely affected by drugs. In order to determine whether participants fell within this target group, and not simply rely on postal codes, all participants were asked a series of questions concerned with both drug use and crime rates in their locality. This data provided background information on participants perceptions of the extent and consequences of drug use at a local level. Firstly, participants were asked how they would rate the drug problem in their area on a scale of one to five ranging from a very serious problem to not a problem. Over half of the participants ($n=20$) were of the opinion that the drug problem in their area was above average. The results were as follows:

Drug Problem

- 43% rated the drug problem as **very serious** in their area ($n=13$);
- 22% rated it as a **serious** problem ($n=7$);
- 22% rated it as **about average** ($n=7$) and;
- 13% rated it as a **minor problem** ($n=4$).

Secondly, all participants were asked to rate the level of crime in their area on a similar five point scale, ranging from very high to very low. Participants were more likely to see the drug problem in their area as a serious problem, than the crime rate. Nonetheless, as with the drug problem, over half the participants, perceived the crime rate to be above average. The breakdown for the 31 participants was as follows;

Crime Rate

- 23% rated the level of crime as **very high** in their area ($n=7$);
- 32% rated it as **high** ($n=10$);
- 35% rated it as **about average** ($n=11$) and;
- 10% rated it as **low** ($n=3$).

Unsurprisingly, analysis revealed that the participants who viewed the drug problem in their area as being above average (i.e. either serious or very serious) were in turn more likely to view the crime rate as being above average. Thirteen of the 19 individuals, who perceived the drug problem as above average, also perceived the crime rate as being above average in their locality. A total of fifty eight percent of the participants reported that they had been the victim of a crime. Over half of these 18 individuals ($n=11$), in turn perceived the crime rate in their area as above average.

The above analysis, while basic, provides some insight into participants subjective views of the extent of the drug problem, and crime rate, in their locality. In order to attempt to examine in more detail to what extent participants are conscious of the drug problem in their locality, all respondents were asked whether they were aware of a series of drug related activities being

carried out in their community. Table 4.3 illustrates whether participants reported being aware or not of these drug related activities.

**Table 4.4 Participants Awareness of Drug Related Activity
in their Locality**

Drug Related Activities	Yes	No
Drug Dealing	68%	32%
Evidence of Drug Use	39%	61%
Evictions of Drug Users/Dealers	48%	52%
Vigilantism/Violence against Drug Users/Dealers	45%	55%
People Sleeping Rough	39%	61%

According to Table 4.4 the majority of the participants ($n=21$) reported that they were aware of drug dealing in their community. The percentage of participants who reported evidence of drug use (i.e. injecting equipment lying around) was substantially lower, only 39% of participants reported this. This may be influenced by the fact that the majority of participants live in inner city areas, where there are a number of syringe-exchanges for drug users to dispose of their injecting equipment. Just under half of the participants reported being aware of the eviction of drug users in their area. This question was somewhat ambiguous, as the type of eviction was not stated. In other words the eviction may be related to vigilantism. This in turn may explain why the reported levels of awareness of vigilantism and/or violence against drug users/dealers is similar ($n=14$). Finally, the majority of participants ($n=19$) reported that they were not aware of visible homeless, i.e. rough sleepers, in their community.

The above analysis suggests that the majority of the participants in the Drug Awareness Training Programme were from Dublin communities that are disproportionately effected by the drug problem. This has been highlighted by the participants subjective perceptions of the drug problem and crime rate in their locality; the majority of whom were of the opinion that both were above average in severity. This in turn was supported by the fact that the participants' levels of awareness of drug dealing, vigilantism against drug users/dealers and evictions were relatively high. Having examined the participants perceptions of the issues, and levels of awareness, all individuals on the Training Programme were asked how they felt their particular community has been affected by the drug problem. The next section deals with this.

4.2.7 Participants Perceptions of the Consequences of the Drug Problem

Participants provided a range of responses when asked how the drug problem had affected their communities. Many individuals referred to the effects the drug problem has had on the generations of young people in the community. In this regard, reference was made, on numerous occasions, to the "loss of a generation".

“I feel that a whole generation has been lost in my Community to the drug problem”.

“I have seen the devastation of more than one generation being exposed to drug addiction”.

Some participants stated that the children in their communities were those most adversely effected due to the increased availability of drugs, and as one individual stated the ‘normalisation of drug use’ For example;

“My community has been effected by more and more young children being enticed into using hard drugs”.

“In my area young people are now more aware of the drug scene and know where to get ‘recreational’ drugs such as ‘E’.”

“Drugs have been normalised in the area, hash smoking is now viewed as normal among young people. Young people think that they have control over their drug use, but some of them (if not many) go on to use heroin and other drugs such as sedatives and amphetamines, in a very dangerous way”.

Other individuals stated that the drug problem in their locality has led to an increase in the crime. In a similar vein many referred to the increased levels of fear among various groups within the community.

“I feel that the community has been effected by increased poverty and crime due to the drug problem”.

“I think is has fed to an increase in hand bag snatching and house breaking”.

“People are living in fear in the area”.

“As a result of the drug problem in my area, the elderly live in fear of crime, and mothers live in fear for their children’s safety”.

Some of the participants stated that the reputation of their area had been damaged by the drug problem;

“My community has been effected by dealers living in the surrounding area, coming into the flats selling drugs. It gives the place a bad name”.

“My area has a bad reputation because of the drug problem”.

Finally, one of the participants referred to the division within their community as a result of the current drug problem, and eloquently summarised most of the aforementioned areas of concern;

“I think it has divided my Community with local residents suspecting young people and evicting apparent drug users. Obviously, the area has been effected by crime since there is no back-up services for users in the area. The community has also been effected overall by a sense of anger, frustration and lack of positive motivation”.

The above quotations show how members of communities effected by the drug problem perceive its consequences on their locality. Many attribute the growing drug problem to an increase in crime, fear and division within their communities. The above statements go towards explaining why so many of the participants perceive the drug problem, and crime rate within their area to be above average. The fact that so many of the participants reported being directly involved with drug users, and live in areas where drug use is highly visible will inevitably have an impact on their perceptions of drug users.

4.2.8 Participant’s Perceptions on Community Response to Drug Use

Having identified the participants’ levels of involvement with drug users, and the impact of such drug use on their areas, community responses to drug use is now examined. All participants were asked about the availability of services for drug users and homeless persons in their area.

Drug Treatment Services

- 58% reported being aware of drug treatment facilities in their area ($n=18$);
- 29% reported that there were no drug treatment facilities in their area ($n=9$);
- 13% reported that they did not know if there were any facilities in their area ($n=4$).

Homeless Services

- 13% reported being aware of services for the homeless in their area ($n=4$);
- 55% reported that there were no services for the homeless in their area ($n=17$);
- 32% reported that they did not know if there were any homeless services in their area ($n=10$).

Over half the participants reported being aware of drug treatment services in their area. As the majority of participants reside in the inner city area, where there is a higher concentration of treatment services, this result was to be expected. However, participants were less aware of the availability of services to cater for homeless persons. One third of the group reported that they did not know whether there were any such services in their locality. This may be due to a number of issues, such as the fact that their primary concern is with drug use, or to a lack of awareness of the connection between drug use and homelessness, and vice and versa. Equally it is possible that services for drug users attract more community attention, both negative and positive. For example, community members campaigning for a treatment facility in their area, or opposing the establishment of such services in their locality.

Participants were asked to outline to the best of their knowledge, how their communities have responded to the drug problem. Their responses can be categorised under the following headings; the Provision of Treatment; Preventative Strategies, Community Activism, and Vigilantism/Harassment.

- ❑ *Provision of Treatment:* A number of participants mentioned the establishment of treatment programmes in their areas. Many of these facilities were initially set up by people in the community seeing a need and acting upon it. Two services mentioned specifically were C.A.S.P (Clondalkin Addiction Support Programme) A.R.C (Addiction Response Crumlin).

Others referred to methadone prescribing programmes in their areas. A number of individuals stated that numerous attempts have been made by community organisations in their locality to campaign for the establishment of methadone programmes and/or a Community Drug Team. Further noted, in the absence of established treatment services, were the use of Community Centres offering drop in services for drug users, providing both counselling and information.

- ❑ *Preventative Strategies:* A number of participants stated that within their Community, Youth Workers were involved in drugs education and other preventative work.

Reference was also made to Health Education Programmes and their preventative dimension.

At a local level Police Liaison Officers were also reported as being involved in preventative work with local schools in the communities.

- ❑ *Community Activists*; A number of references were made to organised community activities, whereby community members actively take responsibility by initiating measures to tackle the drug problem in their locality. This included;
 - Concerned Parents Groups;
 - Community meetings;
 - Organised protest marches;
 - Lobbying for flats to be demolished;
 - Tenants and local residence committees and
 - COCAD (Combined Organised Communities Against Drugs) meetings.
- ❑ *Vigilantism/Harassment*: few participants stated that within their community vigilantism and harassment of drug users and/or dealers frequently occurred. This includes marching on suspected dealers homes, burning of homes and forced evictions.

One participants' view on the effect of violence was;

“My community has done nothing really to address the drug problem but there used to be two groups in my area. One was to help the drug problem by providing treatment, and the other group made it worse by using violence”.

Although most participants provided detailed information about their communities response to the drug problem, a small number stated that their community did nothing to address the issue. They attributed this to both fear and ignorance. One woman stated that her community did;

“Very little as almost all drug users in the area use in their own homes so the problem is not very visible. Because the community is not confronted by drug abusers most people aren't bothered”.

She further attributed this lack of response to the fact that “most parents in the area would not think we had a drug problem”.

In this section it has been illustrated that at local levels many of the community members represented on the Drugs Awareness Training Programme have been actively involved in attempting to tackle the drug problem within their area. It has been clearly shown that the measures adopted range from providing services to current drug users, to preventative measures geared towards those not currently engaging in illicit drug use. On the other hand, many participants mentioned the use of violence and vigilantism against known or suspected drug dealers/users.

Although the majority of participants were involved, to varying degrees, with their community in responding to the drug problem, this in itself does not mean that they agree with what their particular community is doing.

Consequently participants were asked what they felt the policy response within their community should be.

4.2.9 Participants Desired Community Response

Very few of the participants felt that what was being done within their Community could not be improved upon. The suggestions for improvement, can be divided into similar categories as those used above to illustrate the current policy responses to the drug problem.

- ❑ *Provision of Treatment:* The majority of the participants were of the opinion that, although there may be treatment services within their locality, they did not suffice, either because of lack of resources or because they were not diverse enough. Proposed services included;
A treatment centre including counselling service in the area;
Drop in centre for drug users run by trained people;
Crèche facilities and educational courses for drug users;
Residential Drug treatment;
More local facilities, so people do not have to travel for treatment.;
More after care support;
More counselling facilities;
Family support;
Methadone prescribing;
Reducing the levels of methadone being prescribed to drug users and;
Prescribing of methadone being restricted to addicts in the local areas.

While many of the participants recognised the need to provide services for drug users, they also believed that drug dealing within the communities should be addressed. For example one participant stated that there was a need to;

“..Continue the support by being sympathetic towards addicts but standing firm against pushers and barons”.

- ❑ *Preventative Strategies:* The lack of preventative measures at a community level was also mentioned. Many participants expressed the need for more educational programmes in schools aimed particularly at young children. Other recommendations included;
Youth Project in the area offering interesting activities to teenagers and; More information, for all members of the community, to raise awareness of the extent and nature of the drug problem.
- ❑ *Community Activists:* A number of participants mention the need to strengthen, at the local level, the communities' responses to their drug problem. A recurring theme was the inability of individual communities to be effective without support and training. Participants also stated a need for;

Increased Gardai support, because although communities are doing what they can, they need help;
Better support structures and liaison with community groups, with the combined involvement of both statutory and voluntary bodies;
More people in the community to get actively involved;
More support for and within the community;
Lobbying the Government for funds to help support the communities;
Pressurising State bodies to work in an integrated manner with the communities and;
Thinking about long term strategies at a local level.

In short the majority of participants felt that the availability of services within their community were not sufficient to address the problem. As illustrated above, suggestions were made for a range of services. On the positive side, many of the participants felt that, with the right support, their communities could be more effective in dealing with the drug issue at a local level.

To conclude, in this section it has been shown that the majority of participants in the Drug Awareness Training Programme were from communities disproportionately effected by the drug problem. They were, however, a diverse group, in that the nature and extent of participants involvement with drug users varied. Consequently, it was to be expected that their views on appropriate measures to address the problem would equally vary. For example, many of the participants stated that they would like to see methadone prescribing services within their community. Others however, called for a reduction in the prescribing of methadone. Equally, some participants referred to the introduction of harm reduction facilities for those currently involved in illicit drug use. While on the other hand one participant said that;

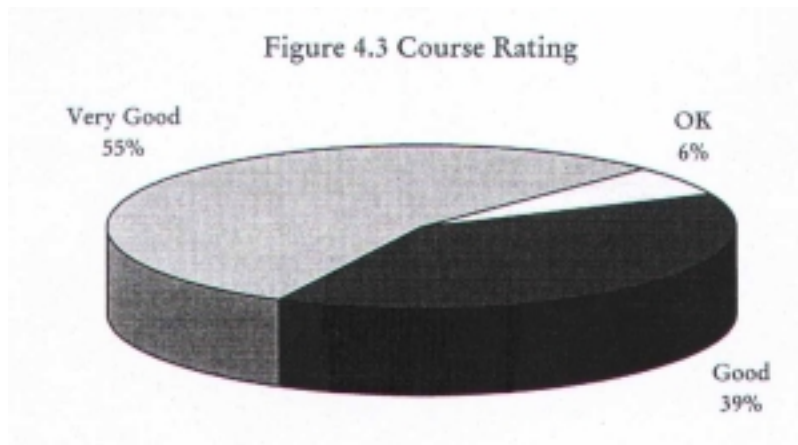
“.....there should be more emphasis on rehabilitation and reintegration rather than on harm reduction and marginalisation. The emphasis should be put on drug free alternative life styles. We should be promoting the ideals of full recovery.”

Regardless of their preferred approach, all the participants were well informed about their communities responses to the problem. In the next section of this Chapter the participants views of the course content are presented.

4.3 Course Content

To reiterate, a questionnaire was administered to participants at the end of the Drug Awareness Training Programme which was concerned with both providing feedback on the content of the course and evaluating the effectiveness of the Training Programme in achieving its objectives. Regarding the first, all participants were asked to rate the Drugs Awareness Training Programme, according to a five point scale, ranging from very poor to very good. Figure 4.3 illustrates how participants rated the training. Over half of the respondents reported that the course was ‘very good’. Moreover,

none felt that the training was either 'poor' or 'very poor'. Furthermore, all the participants reported that they would recommend the course to others.



Thereafter, participants were asked to state what, in particular, they found to be most beneficial about the Training. A number of recurring themes emerged, many concerned with participant satisfaction with the experiential teaching technique employed by the Training Officer. For example many participants referred specifically to the benefits of;

- Role Play;
- Small Groups;
- Teaching Style; the ability to impart the information to all participants in a comprehensive and diverse manner and;
- Presentation Style; use of audio visual techniques.

All participants found the subject matter covered in the Training Programme to be very beneficial to them. The majority of participants felt that, as a result of the training programme, they developed the following;

- Counselling Skills;
- Listening Skills and;
- Motivational Interviewing Skills.

This applied to both participants who were currently working with drug users, who employed these skills to varying degrees prior to the commencement of the programme, and also to those not working directly with drug users. In short, the training either *introduced* or *developed* the aforementioned skills within all participants. This is highlighted by the fact that many participants expressed an interest in carrying out further training in one or more of these areas.

Essential to an examination of course content was obtaining participant's feedback for possible improvements to the Training Programme. Over half of

the participants stated that the course was satisfactory and that no improvements were needed to the Training Programme. Among those who made recommendations for improvements, the suggestions were primarily concerned with subject matter and structure of the Training Programme. A number of participants felt that certain areas were only touched upon, and consequently they suggested more detailed examination of these topics. This included more attention to;

- Community Responses to Heroin;
- Hepatitis B and C Risks;
- Misuse of Drugs Act;
- Issues surrounding the Methadone Prescribing Protocol and;
- Information on other agencies in Ireland.

However, the majority of these participants recognised the time constraints of the Training Programme and therefore also suggested a longer and more intensive Training Programme as a secondary recommendation.

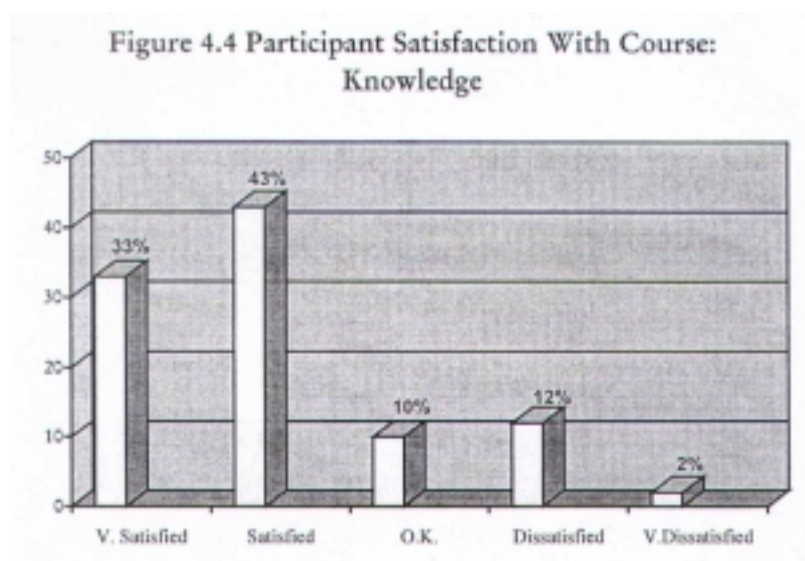
4.4 Effectiveness of the Drug Awareness Training Programme.

As discussed in Chapter Two, the goals of all participants were identified prior to the commencement of the course. These goals informed the content of the Drug Awareness Programme and its specific objectives (see Table 2.1). Overall, the objectives were divided into increasing knowledge and skills and changing attitudes. This section examines the extent to which these course objectives were reached.

4.4.1 Knowledge

The effectiveness of the Training Programme in imparting knowledge on drug use and related issues was of utmost importance to the Training Programme. At the end of the Training Programme, all participants were asked to rate their satisfaction with the course in terms of the knowledge provided. Figure 4.4 graphically illustrates the overall participant satisfaction with the course in this regard. It shows that over one third of the participants stated that they were ‘very satisfied’, compared with only 2% who expressed ‘extreme dissatisfaction’ with one or more elements of the knowledge gained on the Training Programme.

In order to examine more thoroughly the extent to which the course objectives were met in terms of imparting knowledge, participants were asked to rate on a five point scale the extent to which they were satisfied with each of the identified course objectives concerned with knowledge. Table 4.5 presents each of these nine objectives and the percentage of participant satisfaction across this scale.



It would appear from Table 4.5 that participants were particularly satisfied with the course in terms of increasing their understanding of the issues around drug use. Only 3% of the participants were in any way dissatisfied with the extent to which the course met their needs in this regard. Moreover, in excess of half (55%) of the participants were very satisfied that the course met their needs in terms of increasing their understanding of issues around drug use. Likewise, the vast majority of participants (94%) reported being satisfied with the course in terms of increasing their knowledge of drug terminology and street names. Of those, 39% reported being 'very satisfied' with the training in this regard. Only 3% of the participants expressed some form of dissatisfaction.

Table 4.5 Participant Satisfaction with Knowledge

Gained Knowledge in terms of:	Very	Fairly	O.K.	Not Very	Not at all
Understanding Issues around drug use	55%	39%	3%	3%	-
Dealing with those with drug problems	35%	52%	-	13%	-
Dealing with those effected by others drug use	16%	52%	16%	16%	-
Drug terminology and street names	39%	55%	3%	3%	-
Legal classification and aspects of drugs	26%	64%	-	10%	-
Treatment methods and theories	23%	55%	13%	9%.	-
Issues around methadone prescribing	48%	32%	13%	7%	-
Existing services and resources	20%	32%	23%	19%	6%
Links between poverty and drug use	32%	10%	19%	26%	13%

Table 4.5 also shows that participants were largely satisfied with the extent to which the course met their needs in terms of increasing knowledge of treatment methods and theories, and of the issues around the prescribing of methadone. Although regarding the latter, as previously stated some member of the group suggested that the GP Prescribing Protocol should have been examined in more detail,

On the negative side. Table 4.5 shows that participants expressed some degree of dissatisfaction with the course in terms of increasing their knowledge of existing services and resources, and identifying the links between poverty and drug use. Concerning the former, less than half of The participants expressed satisfaction with their increase in knowledge in terms of existing services, and 20% stated that they were very satisfied. As regards the links between poverty and drug use, 39% of the participants expressed dissatisfaction with the knowledge they acquired.

Analysis of the data obtained, indicate that participants satisfaction with the Drugs Awareness Training Programme varied depending on whether they were currently working directly with drug users, or involved more on a community level with the drugs issue. This is shown in Table 4.6(a) (b) and (c).

Table 4.6 (a) Drug Worker and Non Workers Rating of Knowledge Gained

Participants Satisfaction Rate	Understanding Issues drug use		Dealing with those with Drug Problems		Helping those effected by others drug use	
	Drug Worker	Non Worker	Drug Worker	Non Worker	Drug Worker	Non Worker
V. Satisfied	31%	72%	15%	50%	28%	28%
Satisfied	69%	17%	62%	44%	54%	50%
O.K.	-	6%	-	-	15%	17%
Dissatisfied	-	5%	23%	6%	3%	5%
V. Dissatisfied	-	-	-	-	-	-

Table 4.6 (b) Drug Worker and Non Workers Rating of Knowledge Gained

Participants Satisfaction Rate	Drug Terminology And Street Name		Legal Classification and Aspects of Drugs		Treatment Methods and Theories	
	Drug Worker	Non Worker	Drug Worker	Non Worker	Drug Worker	Non Worker
V. Satisfied	31%	44%	31%	22%	16%	28%
Satisfied	62%	50%	61%	67%	46%	61%
O.K.	7%	-	-	-	15%	11%
Dissatisfied	-	6%	8%	11%	23%	-
V. Dissatisfied	-	-	-	-	-	-

**Table 4.6 (c) Drug Worker and Non Workers Rating
of Knowledge Gained**

Participants Satisfaction Rate	Issues around Methadone Prescribing		Existing Services And Resources		Poverty and Drug Use	
	Drug Worker	Non Worker	Drug Worker	Non Worker	Drug Worker	Non Worker
V. Satisfied	39%	56%	8%	28%	15%	44%
Satisfied	38%	28%	31%	33%	15%	5%
O.K.	8%	16%	31%	17%	23%	17%
Dissatisfied	15%	-	15%	22%	39%	17%
V. Dissatisfied	-	-	15%	-	8%	17%

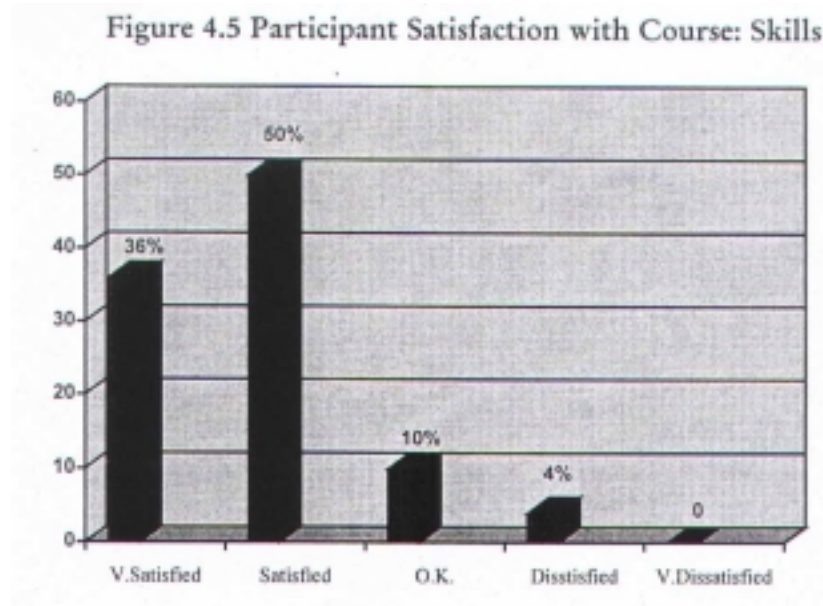
For example, in Table 4.6(a) it can be seen that non drug workers (i.e. those not working directly with drug users) were more likely to state that they were ‘very satisfied’ with the knowledge they gained in terms of helping them deal with people with drug problems. Half of the non drug workers reported being very satisfied with the Training Programme in this regard, compared with only 15% of those working directly with drug users. This may be due to the prior experience of those working with drug users, in that they are more aware of the issues with which drug users are likely to present. Therefore it is possible that they require more detailed information than participants who have not previously been faced with this professional contact. This is further highlighted by the fact that only 8% of those working with drug users reported being ‘very satisfied’ with the information they gained surrounding existing services and resources, compared with 28% of those not working directly with drug users. The reality is that those working with drug users are expected to be able to make appropriate referrals, hence comprehensive information on all social services (directly and indirectly related to drug users) is desirable in this working environment.

The indication is that the two aforementioned groups of participants (drug workers and non drug workers) have differing needs and priorities in terms of the level of information provided. If this is the case, it goes towards explaining the differences in levels of satisfaction. However, differing needs should not be misinterpreted as dissatisfaction with the course on the part of those working with drug users, as clearly indicated in the tables. In short, the majority of participants were satisfied with the Drug Awareness Training Programme in terms of increasing their existing knowledge of drug use and related issues.

4.4.2 Skills

In identifying the aims and objectives of the Drugs Awareness Training Programme participants expressed a need to develop skills to enable them to deal with issues around drug use in a confident and informed manner. Figure 4.5 shows that 86% of the participants rated their level of satisfaction with the training in terms of the acquisition/development of skills as being above

average. Fifty percent were 'satisfied' with the course in this regard, and 36% were 'very satisfied'. Only 4% of the participants were 'dissatisfied' with any element of the course in terms of it's success to develop skills.



In order to examine the effectiveness of the training programme in reaching the nine skills previously identified as objectives, participants were asked once again, to rate their level of satisfaction on a five point scale. Table 4.7 presents these course objectives, and their respective levels of participant satisfaction. All participants felt competent at the end of the course with their ability to identify various drugs and drug paraphernalia. Table 4.7 shows that no participant expressed dissatisfaction with the course in this regard. Equally the majority of participants were satisfied with their ability to identify drug misuse; 91% expressed levels of satisfaction above average, 42% of whom were 'very satisfied'.

Table 4.7 Participants Satisfaction: Skills

Gained Skills in terms of:	Very	Fairly	O.K.	Not Very	Not at all
Identify various drugs	35%	55%	10%	-	-
Identify drug paraphernalia	55%	42%	3%	-	-
Identify drug misuse	42%	49%	6%	3%	-
Understand those effected by drug use	42%	39%	16%	3%	-
Listen effectively and understand	52%	42%	3%	3%	-
Deal with behaviour you find difficult	16%	61%	20%	3%	-
Deal with conflict re: drug use in community	19%	55%	13%	13%	-
Build up trust	36%	48%	13%	3%	-
Make appropriate referrals	26%	58%	10%	6%	-

The majority of participants were also satisfied, at the end of the training, with their ability to listen effectively and understand. Only 3% of the participants expressed an element of dissatisfaction. Related to this, is developing an understanding of those effected by problem drug use. For this, levels of satisfaction were slightly lower, nevertheless the majority rated it as above average. The greatest level of dissatisfaction was with regard to dealing with community conflict, related specifically to drug use in the community. This is understandable considering the uniqueness and diversity of each community, and the enormity of the potential tasks involved, However, over half the participants, 55% reported being 'satisfied' with this element of the training, a significant proportion of whom were already tackling these social issues on a community level.

As with the previous section, analysis revealed that there were some noteworthy differences between participants who worked directly with drug users, and those who did not, in terms of satisfaction with skills gained. Tables 4.8(a), (b) and (c) highlight these differences.

Table 4.8(a) Drug Worker and Non Workers Rating of Skills Gained

Participants Satisfaction Rate	Identify Various Drugs		Identify Drug Paraphernalia		Identify Drug Misuse	
	Drug Worker	Non Worker	Drug Worker	Non Worker	Drug Worker	Non Worker
V. Satisfied	23%	44%	31%	72%	31%	50%
Satisfied	54%	56%	61%	28%	46%	50%
O.K.	23%	-	8%	-	15%	-
Dissatisfied	-	-	-	-	8%	-
V. Dissatisfied	-	-	-	-	-	-

Table 4.8(b) Drug Worker and Non Workers Rating of Skills Gained

Participants Satisfaction Rate	Understanding Those effected by Problem Drug Use		Listen effectively And Understand		Deal with Behaviour you Find Difficult	
	Drug Worker	Non Worker	Drug Worker	Non Worker	Drug Worker	Non Worker
V. Satisfied	31%	50%	46%	56%	15%	17%
Satisfied	31%	44%	38%	44%	46%	72%
O.K.	31%	6%	8%	-	31%	11%
Dissatisfied	7%	-	8%	-	8%	-
V. Dissatisfied	-	-	-	-	-	-

**Table 4.8(c) Drug Worker and Non Workers Rating
of Skills Gained**

Participants Satisfaction Rate	Deal with Conflict in Community		Build up Trust		Make Appropriate Referrals	
	Drug Worker	Non Worker	Drug Worker	Non Worker	Drug Worker	Non Worker
V. Satisfied	15%	22%	31%	39%	15%	33%
Satisfied	54%	55%	54%	44%	54%	61%
O.K.	8%	17%	15%	11%	16%	6%
Dissatisfied	23%	6%	-	6%	15%	-
V. Dissatisfied	-	-	-	-	-	-

For example, Table 4.8(b) illustrates that the participants working directly with drug users were less likely than those not involved in this direct contact to report being satisfied with the training programme, in terms of increasing their ability to deal with behaviour they find difficult. Less than half of the drug workers reported being satisfied with the training in this regard, compared with 72% of the non drug workers. As discussed in relation to the acquisition of knowledge, this may be due to the differing experiences and levels of expectation of these two groups of participants. In other words, those working with drug users may be more aware of the possible circumstances and issues that can arise, and thus the range of skills required to deal effectively with them. In short, the suggestion is that the greater awareness by those working with drug users may lead to higher expectations in terms of training needs.

On the other hand, Table 4.8 (c) illustrates that the majority of those who expressed dissatisfaction with the development of skills required to deal with conflict related to drug use in the community were those working with drug users, as opposed to those whose work was primarily at a community level. This may be due to the fact that the participants who were previously involved in working with the community had more practical experience and knowledge and thus gained more from the training programme in this regard.

Finally, all participants were also asked at the end of the training programme if they had gained any new skills. Unfortunately this question was asked after the participants had rated their levels of satisfaction with the course objectives in terms of skills. Thus, many may have interpreted the question as meaning skills in addition to those aforementioned. Nevertheless, the majority, 81% (n=25) reported that they had gained new skills, the remaining 19% reported that they had not. The majority expanded on the skills mentioned in the above statements, many referring specifically to the development of listening and counselling skills and motivational interviewing. One woman stated;

“I am now more tolerant of drug users in my community, and more in control of my anger towards drug pushers”.

4.4.3 Attitudes ,

One of the primary aims of the Drugs Awareness Training Programme was to change participants' attitudes towards drug use and related issues by dispelling many of the commonly held myths and misconceptions. As discussed in Chapter Three, two methods were employed to attempt to measure changes in participating attitudes towards drug use and related issues. Firstly, as with knowledge and skills, participants were asked to rate on a scale of one to five to what extent they felt more accepting of others, more aware of themselves, more comfortable dealing with problem drug users, and better able to cope with their own feelings. Secondly, an Attitudinal Questionnaire was designed specifically to measure the impact of the Training Programme on participants attitudes. In this section, both of these areas will be addressed.

Table 4.9 below illustrates how the participants rated the courses' impact on their attitudes. It is immediately apparent that most of participants reported positive changes in themselves. For example, the majority of the respondents felt that, as a result of the training, they were more accepting of others. Over half (55%) of the participants stated that they were 'very satisfied' with the Training Programme in this regard; only 9% of the participants felt that they had not positively changed in this respect.

Table 4.9 Participant Satisfaction with Attitudes

Changing Attitudes in terms of;	Very	Fairly	O.K	Not Very	Not at all
More accepting of others	55%	16%	20%	3%	6%
More aware of self/confident around drug issues	35%	39%	23%	3%	-
More comfortable dealing with drug users	36%	29%	35%	-	3%
Better able to cope with own feelings	45%	10%	26%	13%	6%

Although over half the participants felt that, as a result of the training, they were better able to cope with their own feelings, 19% reported a relatively insignificant change. Table 4.10(b) below, which compares the self reported changes of those working and not working with drug users, illustrates that drug workers were less likely to report a positive change in their ability to cope with their own feelings as a direct result of the training. It is difficult to draw any firm conclusions, although this difference may be due to the fact that drug workers at the start of the training could have been more likely to report being able to deal with their own feelings. This could be due to a number of factors such as, involvement in previous training programmes, the availability of numerous support networks in their working environment, and the need in their capacity as a drug worker to deal with conflicting emotions on a regular basis.

Table 4.10(a) Drug Workers and Non Workers Change in Attitude

Participants Satisfaction Rate	More Accepting of Others		More Aware of Self and More Confident Around Drug Issues	
	Drug Worker	Non Worker	Drug Worker	Non Worker
Very Much	23%	78%	15%	50%
Quite a lot	23%	11%	39%	39%
A bit	38%	6%	38%	11%
Not very much	8%	5%	8%	-
Not at all	8%	-	-	-

Table 4.10(b) Drug Workers and Non Workers Change in Attitude

Participants Satisfaction Rate	More Comfortable Dealing with those Effected by Drug Use		Better Able to Cope with Your own Feelings	
	Drug Worker	Non Worker	Drug Worker	Non Worker
Very Much	23%	44%	31%	55%
Quite a lot	8%	39%	39%	17%
A bit	62%	17%	15%	17%
Not very much	7%	-	15%	11%
Not at all	-	-	-	-

As illustrated in Table 4.9 over half the participants felt more accepting of others as a result of the Drugs Awareness Training Programme. Table 4.10(a) shows that this differs considerably depending on the level of involvement with drug users. Seventy eight percent of the non drug workers felt ‘very much more’ accepting of others as a result of the training. This again may be due to the difference between how the two groups of participants perceived themselves prior to the training. A tentative conclusion is that those working directly with drug users were more likely to view themselves as more tolerant at the start of the training programme, due to their direct contact with drug users, prior to the training and/or practical experience.

Furthermore, all participants were asked if they felt that their attitude towards drug users had changed since they started the training programme. Over half of the participants (52%), stated that their attitude had changed. The majority of these participants reported being more understanding and compassionate towards drug users and less judgmental. As one participant stated;

“I feel the course has made me question myself about my own attitude to drug users, and helped me understand how and why people use drugs and not to judge people on face value. What you see is not always what drug users are”.

4.4.4 Measuring Attitude Changes

As outlined in the previous chapter, a questionnaire was designed using a Likert Scale in order to measure the attitudes of the participants of the Drug Awareness Training Programmes towards drug use and related issues. All participants placed themselves on an attitude continuum for each statement in the questionnaire - running from 'strongly agree' to 'agree' 'uncertain' 'disagree' and 'strongly disagree'. These five positions were given simple weights of 1,2,3,4, and 5 for scoring purposes. All the statements in the questionnaires were scored according to the aforementioned weights; consequently a high scale score indicates a favourable attitude, and a low score weight indicates an unfavourable attitude. Thus, for scoring purposes a favourable statement scored 5 for 'strongly agree' down to 1 for 'strongly disagree' - and a unfavourable statement scored 1 for 'strongly agree' up to 5 for 'strongly disagree'. Having scored each item from 1-5 and/or 5-1 the item scores were added to obtain a total score. Since the number of statements was the same for all individuals the sum of the numerical scores rather than the mean was used (Likert, 1997). There were 24 statements in the Attitudinal Survey thus the possible range of total scores was from 24 to 120 (24 x 5). Those individuals who score on the lower regions of the scale have extremely unfavourable attitudes towards drug use and related issues, while those who score higher on the scale have more favourable views towards drug issues.

Figure 4.6 illustrates the changes in the respondents individual attitudes before, and after, the Drug Awareness Training Programme. The graph plots the sum of the total scores for each participant across the attitudinal continuum. It is immediately apparent that after the training programme, attitudinal ratings shifted towards the favourable end of the scale. This is seen by the reduction in the number of participants who have unfavourable and neutral attitudes following the training programme, and an increase in the number who have favourable attitudes towards drug use and related issues. Unfortunately, due to the small number of respondents in the study (n=31) it is not possible to determine whether these changes in attitudes were statistically significant. This, in turn, limits the extent to which we can attribute changes in attitudes directly to the Drugs Awareness Training Programme; nonetheless Figure 4.6 does indicate a marked change in participants attitudes.

Figure 4.7 on the other hand plots the changes in participants' attitudes across statements, before and after the Drugs Awareness Training Programme. For the purpose of graphically presenting this data, the attitude statements were categorized as follows;

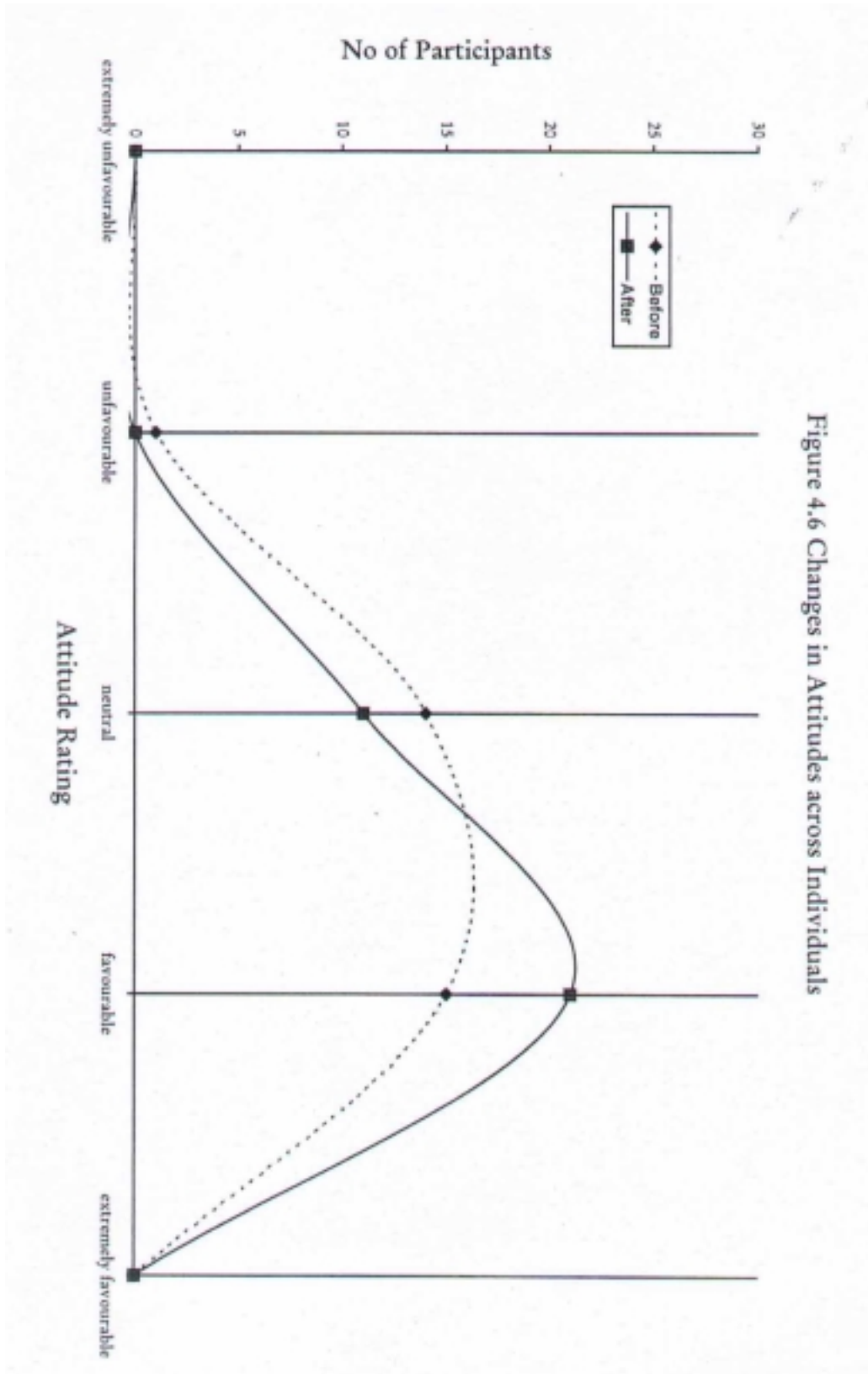
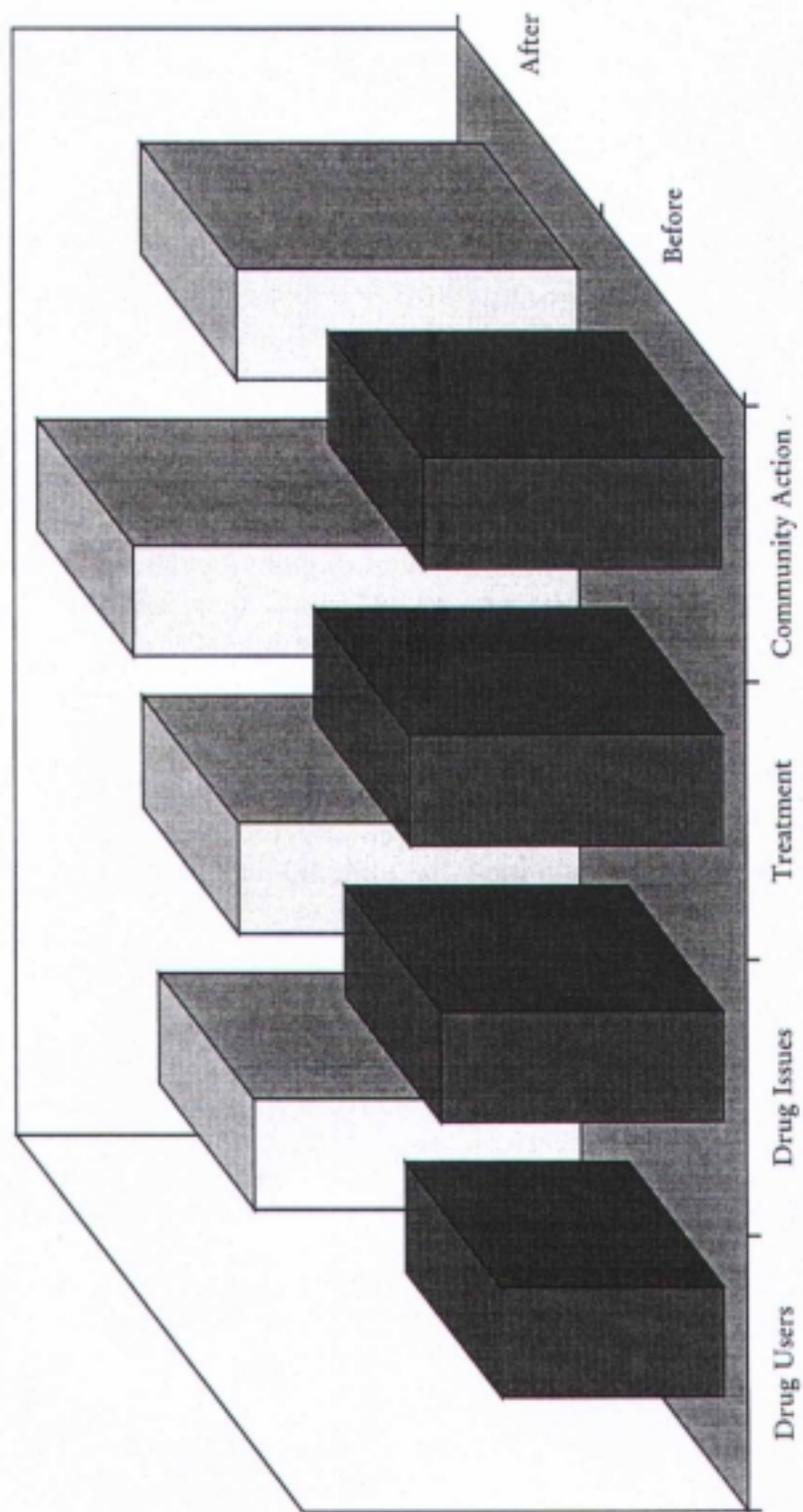


Figure 4.7 Changes in Attitudes across Statements



- **Attitude towards drug users**

Drug users are responsible for most of the crime in Dublin;
Those who take drugs have no one to blame but themselves;
People who use illegal drugs should be locked up;
Heroin users can stop if they really want to;
Drug users are incapable of holding down a job;
Heroin users are totally out of control;
Most drug users sell drugs;
Heroin users use more drugs when they are homeless.

- **Attitudes towards drug issue**

Cannabis should be legalised;
I would have no problem with a drug treatment centre opening up in my area;
Most homeless people are drug users;
Smoking cannabis leads to the use of harder drugs;
I would not be happy if accommodation for homeless drug users opened in my area;
Heroin is the most commonly used illegal drug in Dublin;
There should be more treatment facilities for homeless drug users.

- **Attitudes towards drug treatment**

Prescribing methadone simply replaces one drug for another;
Abstinence is the only way to help drug users;
Providing free Needles/Syringes only encourages people to inject drugs;
Treatment for drug users doesn't work.

- **Attitudes towards Community Activity**

Members of the community have a right to use violence against known drug dealers in their area;
Communities have the right to get drug users out of their area;
Community marches are an effective and easy way of tackling the drug problem;
Drug users should be accepted in their own community;
Communities should only take action against drug dealers.

Figure 4.7 shows that, following the Drugs Awareness Training Programme, there was an increase in scores on the attitudinal scale across all categories of statements. In other words, post training participants were more likely to have favourable attitudes towards drug users, drug issues, drug treatment and community action. Unfortunately it is not possible to determine whether these changes are statistically significant, however the suggestion is that the training programme caused this positive change in participants' attitudes.

In this section it has been shown that the Drugs Awareness Training Programme has the ability to impact on participants attitudes towards drug use and related issues. A tentative conclusion is that as a result of attending the course many individuals attitudes shifted from a more unfavourable or neutral view towards the favourable end of the attitudinal scale. Moreover, this shift occurred across categories of attitudes. The difficulty in changing attitudes is widely recognised; however, as the individuals who participated in the training did so voluntarily, and had an obvious interest in gaining more knowledge on drug related issues, the extent of the attitude change is not unusual. Unfortunately, it is not possible to determine whether the changes were solely as a result of the training, as it was impossible to control for all other influencing variables. The fact that many participants also undertook a short placement in the Merchant's Quay Project or Failtiu, no doubt played an important role. This afforded them an opportunity to apply their knowledge, thereby aiding in challenging their preconceptions,

4.5 Three Month Follow-up

On the last day of the Drugs Awareness Training Programme all participants were informed that a follow-up session to the training would be available. Although the vast majority of the participants expressed an interest in attending the three month follow-up only 19% ($n=6$) participants actually attended this session. At this session, the participants were asked to complete a short questionnaire. This section presents the data collected in the follow-up seminar.

At follow-up participants were asked if as a result of attending the training Programme they felt more confident in dealing with drug issues; all respondents reported that they did. Likewise, all the participants reported that since completing the Training Programme they had become more involved in the drug issues. This involvement ranged from;

- participants who previously worked with drug users reporting spending more time on one-to-one work;
- participants joining voluntary organisations and initiating involvement with drug users for the first time, and;
- participants becoming more active on an community level.

All the respondents also reported feeling more capable of undertaking further training/education in the drug area, as a result of the course. This was seen as a particularly positive outcome, as the six participants who attended the follow-up seminar had not previously undertaken any other training programme. Participants were asked whether they had used any of the knowledge, which they gained on the training programme, since its completion. All the respondents reported that they had utilized this knowledge to some degree. Two of the respondents specifically referred to using the counselling techniques they learnt, one with drug users, and the other with families of drug users. Another respondent reported that she now always puts into practice the

techniques she acquired, surrounding listening skills. One participant stated that since undertaking the Drugs Awareness Training Programme she has become involved in;

“Organising a drug awareness course at the moment in my area for children of 8 years and up”.

Finally, one participant illustrated the benefits of the training programme on a more general level, as she now feels;

“More Confident to share opinions and views on a more factual level rather than personal experience”.

In addition, all of the follow-up respondents reported that they had employed the skills gained on the Drugs Awareness Training Programme. These skills included;

- Counselling skills;
- Listening skills;
- Communication skills;
- Motivational interviewing skills and;
- Being non-judgmental.

Participants were asked to identify any barriers they had encountered which in some way hindered their ability to make an impact in their community. These were divided into those on a personal level and those on a community level.

Personal level

- Lack of time;
- Family commitments;
- Work commitments;

Community Level

- Lack of opportunity;
- Attitude of the Community;
- Drug users not knowing that there is a drug worker available in their community, or not being prepared to talk to a drug worker;
- Not living in the community long enough to get actively involved;
- Lack of motivation within the community;
- Lack of funding;
- Ignorance within the community of the extent and nature of the drug problem.

Thus, although at the three month follow-up participants felt that they had benefited greatly from the Drug Awareness Training Programme, in terms of

increased knowledge and skills gained, there were identifiable extrinsic factors that prevented them from achieving many of their initial objectives. The identification of such factors were seen as essential for two reasons. Firstly, in order to increase the moral of the participants, by providing participants with an opportunity to express and share their frustration. Secondly, the barriers encountered by the follow-up participants will go towards informing the content of future training programmes.

To conclude, there are limits to what can be inferred from the follow-up data, particularly in view of the poor attendance. However, all the participants at the three month follow-up session reported positive long term benefits from attending the Drugs Awareness Training Programme. It is possible that this is due to the fact that the participants who achieved such lasting benefits were more likely to attend the follow-up. However, the personal barriers encountered by the follow-up participants indicate that many participants had other commitments that prevented them from having an impact on their community. Such commitments could have also prevented participants from attending the follow-up session.

4.6 Conclusion

The data analysis carried out in this Chapter revealed that the Drug Awareness Training Programme was successful in reaching its target population of adult community activists. Moreover, considering the limited number of places on the training programme, a diverse range of community groups was represented. The majority of participants were from inner city communities adversely effected by the drug problem. A significant minority had left school without any qualification, and many had not been involved in previous training programmes. Levels of satisfaction with course content were very high, which may be related to the fact that participants were actively involved in designing the training programme. Overall, the majority of participants were satisfied with the course in terms of increasing their knowledge, developing their skills and changing their attitudes. Although there is evidence to suggest that levels of satisfaction did vary depending on the extent and nature of individuals involvement with drug users.

CHAPTER FIVE

CONCLUSION

It is clear that the ‘drug problem’ is highly localised and disproportionately effects certain communities. These communities tend to demonstrate the presence of indices of social deprivation. Their low levels of participation in the political process of decision making, can result in such communities expressing their concerns through ‘community action’ rather than through formal political structures.

In order to assist these communities in contributing to social change and to prevent further marginalisation, community groups need to be presented with an analysis of the causes of social problems, and based on their detailed local knowledge of their communities, the skills and resources needed to implement changes. The provision of such training, at its most basic level enables the inclusion of all community members in influencing policy at a local level.

In providing the Drugs Awareness Training Programme, the Merchant’s Quay Project was made acutely aware of the demand within local communities for such training.

This Report has illustrated that the Drugs Awareness Training Programme can have a significant impact on participants;

- *knowledge of drug use and related issues within their community;*
- *skills necessary/or them to be a resource -within their community;*
- *attitudes towards drug users, in terms of increased tolerance and acceptance.*

The suggestion is that such training programmes be extended to all communities adversely effected by the drug problem. However, effectiveness of such training programmes depends on;

- *the recognition of the ‘community’ as setting;*
- *the recognition of ‘community’ as context;*
- *the recognition of community members as key informants.*

IMPLICATIONS OF DRUG AWARENESS

TRAINING PROGRAMME

In Terms of Drug Policy;

- Provides the necessary foundation to enable community members to influence policy making at a local level.
- Promotes the identification of social problems based on the concerns of the communities, thereby ensuring more relevant policy implementation.
- Highlights at a national level the localisation of the drug problem in terms of the allocation of resources and the provision of services.

* * * *

In Terms of Community Action;

- Instills a sense of belonging and awareness within individuals, thereby encouraging them to take control over their own lives.
- Promotes individuals to become collectively involved in participating in their community.
- Provides community members with the opportunity to identify and examine the causes of social problems within their locality.
- Empowers individuals through the knowledge, skills and attitudes gained to contribute to social change within their community through social action.
- Enables community groups to adopt coordinated strategies resulting in the mobilization of collective responses of community members to their identified needs.
- Enables such action to be sustained, rather than short lived responses to immediate social issues.
- Permits the inclusion of individual community members in the politicising process of decision making at a local level.

* * * *

In Terms of Training Provision;

- Impacts positively on participants knowledge, skills and attitudes towards drug use and related issues.
- Caters for the needs of the participants; as illustrated by .levels of participants satisfaction with the Training.
- Attracts those who were currently involved in the drugs issue (to varying degrees).
- Attracts participants frequently excluded from similar training due to the absence of academic hurdles.
- Highlights the need among community members for such training and the willingness of individuals to participate.
- Ensures that both course design and content were tailored to meet participants needs by it's experiential nature.

* * * *

RECOMMENDATIONS

- **A need for inclusive drug policies at a local level that embraces the notion of ‘community’ as a whole rather than creating an ‘us’ and ‘them’ situation.**
- **A need to involve community groups in decision making at a local level in order to obtain sustained and coordinated action.**
- **A need to provide training programmes at a local level, based on an experiential learning model that will provide the basis for such ‘sustained and coordinated action’.**
- **A need for research to establish the relationship between drug use and homelessness.**

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